GUY'S
HOSPITAL
GAZETTE

VOL. 5.

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HOSPITAL
GAZETTE.

VOL. 5.

1891.

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GUY'S HOSPITAL GAZETTE.

VOL. V.

NEW SERIES.

1891.

LONDON:

ASH & Co., Printers, 42, Southwark Street, S.E.

1891.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JANUARY 3, 1891.

LOOKING BACK.

Why look back? some of our readers may ask, murmuring to themselves "The year is going, let him go." That is to say, if we have any readers left who find time for such amusements as poetry, for in these days of aggregated and aggravated examinations we are told that the fittest to survive is the man whose mind is unfreighted with Latin or lumber from the past, whose working hours are spent in dissecting cockroaches, and whose unlearned leisure finds delight in the romance of the British Pharmacopœia. Well, to return to our text, Why look back? For several reasons. In the first place, we thus prepare ourselves for the advent of senility, when the past will be all that we can call our own, and our future will be the Great Perhaps, to which we all are obliged to look forward with mingled feelings of awe and trepidation. But this digression is evidently leading us aside from our purpose, like to one of those paths which Mr. H. M. Stanley was always tracking, and which came out nowhere, or perchance led to a deserted village, the inhabitants of which had fled into the forest to avoid the face of that beneficent pioneer of civilisation whose precious balms were apt to break the heads of the confiding recipients. Again you ask, Why look back? And the answer is that we have a very pleasant year to look back upon. The great organ of public opinion, our own GAZETTE that is—and be it understood, it *is* an organ, no mere penny-whistle or tom-tom, or even the hurdy-gurdy of suburban gentility—our organ, we repeat, has been growing in size—and in respectability we were going to add, but upon reflection we are not quite sure of this, for "We hear that" to publish spicy but highly inaccurate pars. is an imitation of other organs whose notes lie wholly in the bass, as notes of the croaking frogs and ravens. Now our own "house of the sounds" seeks to establish itself on a base of sincerity and truth; its tenor must hold to the plain song of fact; its soprano will soar to the C in alto of speculation, which we may consider to be represented by the most recent theories of physiology and the Comma bacillus of pathological research. But now we must just put in the trumpet stop, our own trumpet, on the swell, and pull out the diapason on the full organ, for we hear the chairman calling 'armony, gentlemen, 'armony.

What next? as the little niece says when her kind uncle has worked up his story to what he thinks a most effective climax. Next, then, we will take the athletic record for the year, but as we know little about it, we will content ourselves with asserting that the ignotum is in this case the magnificum. And from the gymnastic of the body the transition is easy to the gymnastic of the mind. How have our athletes borne themselves in these contests? On the whole well, and, it must be confessed, better in the higher competitions—the London University and Cambridge to wit—than in the humbler Conjoint. In Medicine, indeed, rumour saith that our alumni acquitted themselves in a manner unworthy of their ancestors, of Bright, and Addison, and Wilks, and others, the fixed

particular stars of our firmament, and unworthy too of those who still walk their wards among us, and to whom perhaps we are too near to see how great they are. Partly too we fear that surgery hath a fascination for the youthful mind beyond medicine, else how should every student have a period in his career when he fancies himself lopping off limbs, exploring brains, washing out cavities, and invading with more than annual frequency the inmost sanctuary of the body to cleanse it of septic and perilous stuff. The processes of surgery are so direct, the diagnosis of surgical disease so easy, or if not easy, then cut down and have a look—what we call an exploratory operation—and so the surgical wards filch away a good deal of time that might be better given to medicine. Medicine, indeed! what a poor business it is! Has not some one defined it as the art of pouring drugs of which you know little into a body of which you know less? Did not some one say that to his mind medicine consisted in opening the bowels one day and confining them the next? No sensational operations to be reported in the lay press, as that the eminent Mr. —— performed Popofski's modification of Wasielewski's Hysteropexy, and that three hours after the operation the patient was alive and doing well, and the further progress of the case will be reported later on. [Only as the patient died next day the chronicle never saw the light.] No, nothing of that kind in medicine, but on the intellectual side just a feeble groping after truth hiding herself behind phenomena, and on the practical side the administration of aperients and astringents in endless alternation. So it seems at first sight, but to the intellectual the difficulty of attainment has been remarked to enhance the pleasure of pursuit, and the man who is nothing if not practical may remember that his success in general practice—and we can't *all* be consultants—will depend more upon curing dyspepsia in old ladies than on accomplishing a fortunate laminectomy. Note that we mention this operation merely because it is the latest we have heard of, not from any prejudice against the coiner of such a monstrous conjugation. In the good times coming, when Greek and Latin are no more, and a Liddell and Scott is rare, it will be a mark of superior education even to manufacture a hybrid.

Whither next, O pedestrian Muse, dos't thou summon thy halting slave? Surely thou wilt not bid him seek to detach the crown haerentem multa cum laude from the heads of those who celebrated in these columns the opening of the College and a speech of the Grand Old Man in which there was no allusion to Ireland. Now indeed might thy servant moralise upon the varium et mutabile of which woman is not the only example. He might shew how a fire-escape has epic stuff in it, how keen the edge of moral sensibility becomes under the whetstone of political expedience, and how the weakness of a passionate hour has sent many dozens of tear-bedewed handkerchiefs to the patriotic washerwomen of the United States. All this he passes in silence by merely remarking that the College is full, and seems likely to remain so, and that the entry last October was abou the biggest Guy's has known for many years. With such solid cause for satisfaction he concludes his retrospect, and bids his readers a Happy New Year.

THE GREAT DANE.

He was not the skeleton of a warrior dug up near Purfleet, after centuries of sleep in the sands, but a present from a grateful patient. His name was Thor; he was believed to be the biggest dog of his breed in England, and I don't suppose a medical man ever had a more awkward token of gratitude presented to him than when my friend Naylor found him waiting for him in the drawing room, with his new owner's name and address nicely engraved on a silver plate on his collar.

I never saw him, as Naylor only kept him a week, and perhaps I should never have heard of him but that one evening, as we were sitting by the fire and talking and

smoking, I happened to notice that some of the paint on the drawing-room door had been injured at the top, so I said, "That's funny."

"What?"

"I was looking at that door, old chap; what on earth have you been doing to it?"

"Oh, that! That's Thor's doing."

"Who's he? German for door or relation to Odin?"

"Well, I don't know about relationship, but he certainly was an odd 'un. Have another of these cigars. Came from same man; present from a grateful patient; but I'd rather have his weight in these any day. Tell you all about him. One evening, had a letter from Mrs. C ——, that French lady I told you of who lives in the Park. She said that something dreadful had happened, and would I please come at once. When I got there I found them all in great trouble. You see, she and her husband were generally away all day, and left the children at home all day under the protection of this dog. He was a beauty, stood three feet high, and as graceful as a terrier; but of course that sort of training was enough to ruin any dog. Why, they used to send him after cats, and when any of the boys in the neighbourhood annoyed them they just said, 'Thor!' and pointed to the boy, and he would canter up to that boy and knock him down with a touch from his head—couldn't bite, because he was muzzled—and then he would stand over the youngster, wagging his tail until he was called off. They had got into trouble over him several times, but apparently this time was the worst. They were out for a walk, with the dog in leash instead of muzzled, when he suddenly made off after a cat. The cat disappeared through a shop door; the dog goes gracefully in through the window; cat jumps into its mistress's arms; dog takes it out of her hands, accidentally biting her through the ball of the thumb in doing so, gives the cat a couple of shakes, drops the body on the floor, looks round to make sure there are no more cats, and then walks quietly out, leaving the woman in hysterics and surrounded by ruins.

Would I go down and try and make things smooth? as they didn't know enough English to understand the woman properly, but she seemed to be vowing all sorts of dreadful things. Nice sort of job, wasn't it? Well, she certainly 'went on horrid,' as you might say, but at last she consented to accept £2 10s. and say no more. When I got back and told them this there were great rejoicings. They had been thinking the matter over, and although Monsieur was upstairs and almost in tears at the thought of parting with Thor, he had resolved that Thor must go. Would I accept him as a present? They knew I was very fond of dogs and would therefore know how to take care of him, and unless I accepted him Monsieur had decided to shoot him, as he couldn't think of selling him.

Was it not a pity? Such a superb dog, the keeper of the Great Dane kennels offered my husband forty pounds sterling for him. But he will not sell him, and if you take him you must promise either to keep him or destroy him. Do not sell him.

I must say it was a dreadful temptation; of course that offer of £40 meant that the dog was probably worth about £80, but then the brute was nearly as big as a donkey and badly brought up too, so I firmly but respectfully declined.

However, when a few days afterwards I found he had been left for me with a polite note saying that they thought he had taken to me and would give no trouble, I succumbed to the temptation of becoming his owner. I didn't feel quite comfortable with him from the very first. He did nothing but utter low moans, pretty powerful I can tell you, and then in two or three strides he would walk to the window, put his fore paws on a chair and peer out into the twilight, and looked for all the world like a tiger. Once I certainly got funky, for he laid his ears back and peered out intently, and I thought if that's a cat my boy its all up with that window; but when I called him he came to me and I stood firm as he rubbed his snout affectionately up and down my leg, but as soon as I left off talking to him he dropped off into his melancholic condition, moaning, staring into vacancy, and listening. At last, I thought, let's see if a good feed won't cure your broken heart, so I took him downstairs. Of course the cat and bull pup were both safely locked up. I made him up a feed of broken biscuit and some paunch, but not a bit of it. He would'nt touch anything. This didn't look happy at all, so as I was sick of the moaning I locked him up in one of the empty rooms below and retired to bed. But, bless you, before I had been in bed a minute the moans began again, and occasionally he would throw in a roar which seemed to shake the house, and when the sounds seemed to show that he was trying to break the door down I thought it was time to interfere. So I got my dressing gown on and went down; I can tell you I didn't feel quite comfortable going to interview him with next to nothing on, especially as he seemed to have a grievance. But I found him pretty docile and brought him upstairs into my bedroom, hoping that, in his absence, my little terrier in the regions below would go to sleep instead of keeping up a continual bark. As soon as my lord entered the bedroom he hopped on to the bed. All right, say's I, make yourself at home. Don't mind me; and then I tried getting into bed myself, but with that brute on top it was like getting in between the sheets with the wardrobe on the bed, and the worst of it was he would not take any notice of me. I lay there more or less cramped up and said, 'Thor' in an authoritative way, then I tried it in a conciliatory tone, but he did nothing but stare at me in a fixed way I did'nt at all relish. He seemed to be wondering who I was and what right I had to be there, and it struck me that perhaps he didn't know me because I had my night-gown on. He certainly looked much larger to me than I had before thought him, and as I didn't know quite what might happen next, I cautiously drew myself out of bed, and, opening the door, ordered him out. To my relief he immediately obeyed, and as his tail disappeared round the corner I shut the door and once more got into

bed, but not to sleep. I don't know how long I lay awake listening to him making the rounds of the house. When he was on the stairs it sounded like a policeman dragging a drunken man by the leg; whenever he was downstairs I could tell by the hysterical barking of the terrier, and the spitting of the cat. And then his sniff. When he sniffed under the door it sounded like as if he were trying to suck the furniture out. Occasionally one of these powerful sniffs came to my door, and then he wandered upstairs and tried first the servants' door, and then the housekeeper's, and I could hear them calling to one another, and then would come a thump on the floor overhead as of some one getting out of bed, and then came the scraping and bumping of furniture as she piled it against the door.

I don't know quite how often he went up and down stairs, or paused to give one of his characteristic moans ending in a roar of disgust, or how far his sniffs, like the blowing of a whale, were repeated and continued in my dreams, but at last I awoke unrefreshed from my troubled sleep to find that it was very late, with just half an hour before an important appointment. I scuttled into my clothes and hurried down stairs to find no preparation for breakfast, no blinds drawn, and nobody apparently stirring. I hurried upstairs and met Thor coming down from an attic where he had apparently been making a night of it, and presently, in answer to my calls, the housekeeper timidly opened her door slightly and informed me that she and Mary Ann were both dressed and had been waiting a long time for me to get up, and "if you have got the dog safe, sir, we will come down and get your breakfast ready, but really we haven't had a wink of sleep either of us all night."

CHRISTMAS IN 1842!

My memory carries me back to 1842, when I became a student at the hospital—

"Jumping o'er times,
Turning the accomplishment of many years
Into an hour-glass."

I see Mr. Harrison, Treasurer, sitting in absolute power, before me. It was then said that he had transmuted odious and ill-smelling barracks into clean and wholesome wards. In what condition he found them is difficult to realize, since at the time when I first knew them they were barren and inhospitable compared with their present luxuriancy.

The difference is as great as between a labourer's sitting-room and a gentleman's drawing-room, but this, it may be remarked, has not been accomplished without corresponding cost to the hospital. The single beds with blue coverlet were the only furniture, excepting a deal table and forms, in the otherwise bare room: there were no easy chairs, no pictures, flowers, or ornaments such as we see now. The fare was of the simplest kind, being mostly boiled mutton cut into lumps for the patients, followed by rice pudding. They procured their own tea, and were allowed to buy such luxuries as watercresses and periwinkles. The nurses were not trained, and were occupied in feeding the patients and scrubbing the floor. The only circumstance which marked off Christmas Day was the change of fare to roast beef and plum pudding, the pleasure in the anticipation of which was much enhanced by the cooking being done in the wards. For a day or two before, many of the inmates were engaged in the manufacture of the pudding, and from early dawn on Christmas Day they sallied round the fire to enjoy the keen relish of the vapours of the roast. It was no doubt a great treat on one day of the year to get rid of the prevailing odour of the ward—a faint, sickly smell of boiled mutton and sour poultices, for then, it must be remembered, there was no separation of medical and surgical cases. The next innovation, some years afterwards, was the permission to smoke in the wards.

So alien did it seem to the authorities for any decorations or amusements to exist in rooms devoted to the sick, or even in any part of a hospital, that when Mr. Turner commenced his reign, about 1860, and held a conversazione in the board-room, Mr. Stocker said it was enough to make Mr. Harrison rise from the grave; and when, some time afterwards, the soirée took place in a ward, the apothecary was fairly overcome. It may then be understood that the Christmas festivities as seen now-a-days have been a growth of about twenty years. They have undergone development until the roast beef, plum pudding, and pipe of my time have grown into the grand entertainment of to-day, in which sisters, nurses, and students vie with one another to afford pleasure to the patients, and add another therapeutic agent to Guy's Pharmacopœia. SAMUEL WILKS.

Note.—Eating and drinking on Christmas Day appears to be almost a religious right. For example: a drunken carpenter, with cirrhosis of liver and ascites, came under my care in Clinical Ward. Failing to relieve him, I suggested tapping. This operation the patient stoutly declined, when one day, about three before Christmas, I found that it had been done at his own request. I asked why he had changed his purpose, and he answered, "To make room for the Christmas dinner."

THE KISSAPHONE.—"The reason kissing is so pleasant," says an osculatory expert of scientific tendencies, "is because the teeth, jawbones, and lips are full of nerves, and when the lips of two persons meet an electric current is generated."—*Yonkers Gazette.*—Yes, and it's so confounded cheap. You don't have to use a dynamo machine, nor a battery in the house, nor a call box, nor a button to touch to ring up the central office, and there is no patent on it, and the poorest person in the world can enjoy the electric current better than the millionaire, and it never gets out of order. If Edison had invented kissing, it would have cost a hundred dollars a year, like the telephone, and then extra kissing would be charged up extra, and if you didn't pay for it they would take your kissaphone and disconnect you from the central office.

CHRISTMAS DAY IN THE WARDS.

From Our Special Correspondent.

Following the example of many an illustrious predecessor, our correspondent once again made a tour round the wards on Christmas morning, and has furnished us with his report :—

Having wished Mrs. Parsons the compliments of the season, I passed down the colonnade, and having helped to convince an individual struggling with two policemen that they only wished to give him a free dinner down Southwark way, I made an entry into CORNELIUS Ward. Long rows of Japanese lanterns hung from the ceiling, and evergreens decked the walls. Fractured femurs appeared to be at a premium, one patient complaining that he had broken his leg too low down to need a Hodgin's splint, the upright of which was in each case most tastefully decorated by one of the nurses. Her Majesty smiled benignly upon me over the door as I passed out to ACCIDENT, where I was at once struck by the beauty of the long loops of wreathing which passed from bed to bed all round the ward. A Bran-pie, resplendent in cotton wool and holly, had been prepared for the patients, and an Old Father Christmas wished me a long life and prosperity. An ideal Father Christmas was number 28 ; a wreath of ivy held his white hair; a sal-alembroth wool comforter and a profusion of snow-flakes and holly-berries, embellished by a jovial old face, completed the picture. LAZARUS was next on the list, and I must confess the decorative genius had evidently been there. Light trailing ivy had been largely used, and fairy lamps were dotted here and there and hung suspended from the ivied pattern on the walls. The genial house-surgeon, Mr. Nisbet, needle in hand, was putting the finishing touches to the mantelpiece, which was a perfect work of art, while Mr. F. Cresswell delighted the patients with fun and frolic on the piano. Alas, I could not stop, but hurried on to JOB, where 'Welcome' met me in the shape of fairy lamps ingeniously contrived by Mr. Pender-Smith. I was struck by the great variety of lanterns in this ward ; all sorts and conditions were present. The brackets over the beds, too, were tastefully covered in flowered muslin. The chief feature of NAAMAN Ward was the effect produced by every window being entirely wreathed in green. The enthusiasm of the patients also struck me, and I was grieved not to see the sister to whom that enthusiasm is no doubt greatly due, and who was unable to join in the Christmas festivities and games as she did so heartily last year, being kept a prisoner to her room with a severe cold. A large lantern like a concertina reminded me somewhat forcibly of its presence as I walked up DORCAS. Flags, grass, and evergreens had been lavishly thrown about in truly artistic disorder by Mr. Stevens. Liberty silk, in colour like a squashed strawberry, added to the æsthetic effect, which was further heightened by the coverings of the flower pots, tied with ribbons of a like colour. CHARITY looked charming ; the cots made a pretty picture with their canopy of pure white wool and wreathing of holly, and their little occupants were gaily attired in pink and blue and surrounded by toys. Dinner had just begun and Mr. C. Spurrell, with anxious face, was carving a giant round of beef, while Mr. Paget superintended the dietaries of his patients. PATIENCE and SAMARITAN wished me a Merry Christmas, and a beautifully painted Hospital crest of dark blue velvet especially attracted my attention. Thanks to the talent of a friend of the Sister, the walls have been lightened by trailing sprays of Virginia creeper and dark purple flowers, painted most exquisitely. MARTHA boasts a triumphal arch, through which one could see a gigantic Christmas-tree with the boughs bending beneath the weight of dolls, tops, trumpets, and other toys. Mr. Dixon was playing the piano here, and it struck me that the patients appeared to relish his playing even more than their dinner. LYDIA was already making preparations for the niggers, and its decorations even fluttered in the general excitement.

Leaving the Surgical building I passed on into RUTH and BARNABAS. Here I found a happy party at dinner, and was constrained to dine with them. The decorations here represented Christmas in every sense of the word ; I especially noticed a copy of one of the paintings of the Nativity, the original of which is in the National Gallery. Fairy lights had been wired round the archways, and festoons of laurel, yew and holly completed a very pretty picture. CLINICAL was, as usual, most tastefully arranged in Xmas garb. The superior individuals who inhabit this region, and who have the care of all the specially interesting cases which enter the hospital walls, had displayed a studied style of decorative art so much appreciated by the female mind, and for which the shape and lofty proportions of the wards are so admirably suited. Journeying on into PHILIP I was struck with the great originality displayed there by the ward clerks and nursing staff; a remarkable device made from two Japanese umbrellas, and surrounded by innumerable tiny lanterns, certainly took the proverbial plum bun amongst the hospital decorations; the charm surrounding me was much enhanced by the lively strains of "See me dance the Polka," played by our old friend of artistic celebrity, Mr. G. Sichel. The irons holding up the bed curtains were covered with red cloth, and gave a very bright appearance to the large ward.

The four divisions of MARY Ward had been prettily hung with lanterns and evergreens. In Dr. Taylor's division the pampas grass rendered a pleasing contrast to the holly and red berries. In Dr. Hale White's division the mantelpiece redounded to the credit of Mr. E. E. Fraser, who had decked it in varied hues of Liberty Silk. In Dr. Pye-Smith's division the lanterns were all graduated in size from the sides to the centre, and in Dr. Goodhart's division, some very fine wreathing was much admired. Last, for I always leave good things to the end, I visited STEPHEN. Here there was no doubt that competition had produced

some very pretty results. On Dr. Taylor's side the lanterns were hung in long chains across the ward, and were most carefully sorted into equal sizes, the mantelpieces were quite works of art, the fairy lamps peeping out from amidst the white wool, and little flags arranged in pairs. Enormous festoons of green, looped with scarlet cloth, were a great attraction in Dr. Hale White's division, and tables of crackers and cakes prepared for the patients' tea made the ward still more gay. Several banners, bearing the Guy's crest, were on the walls, and a large Japanese doll graced the centre of the mantel at the far end of the ward.

In conclusion, I must most heartily congratulate both Sisters and Staff on their decorative powers, and I can assure them that, although I have visited several of the other London Hospitals at Christmas time, I have not seen such uniform excellence in the beauty and artistic arrangement of Christmas holly and evergreens as I have seen there at Guy's this morning.

December 25th, 1890.

GUY'S ETHIOPIANS.

Once more the now far-famed Guy's Hospital Minstrels have given their elegant Ethiopian entertainment, as our contemporary the Slow-cum-Podger Gazette would have said had the special been present.

The minstrels are now quite a recognised institution, and, of all the entertainments of the year, their performance is the most appreciated, and the hearty laughter which greeted their sallies on the 25th, plainly shewed that their labours had not been in vain. The getting up of such an entertainment, with the endless arrangements, the constant rehearsals, and the general all-round hard work necessary for success is no trivial undertaking, and the managers must be congratulated on their success. For their task was well performed and the long programme, extending over a period of more than four hours, was brought to an end without a hitch.

The troupe commenced in Lazarus, Mr. Mackeson opening the ceremony with "The Old Folks at Home." The singing of the chorus of this plaintive old song was very fine, the harmony being well sustained.

A round was made of the Surgical, Clinical, Eye, and Medical Wards, about 15 minutes being on an average allowed for each ward. The fun, which was somewhat tame in Lazarus, becoming faster and thicker from ward to ward as the niggers began to warm to their work.

In Accident, encouraged by the enthusiasm of the audience, a specially long halt was made, and Mr. C. Spurrell set all the patients going with the popular favourite "Little Annie Rooney," the chorus was simply tremendous.

In several wards, through the kindness of the Sisters, parched throats were moistened with welcome cups of tea, and exhausted niggerhood was given an opportunity to refresh itself.

A good deal of comic business was gone through in the preliminary promenade down the wards, and patients who were unable to get out of bed had thus an opportunity of seeing part of the performance.

In Mary, after a promenade round all four divisions of the ward, a final stand was made in the central hall, and here, in the presence of a large number of spectators, the troupe endeavoured to surpass itself.

Fourteen little nigger boys were they—

Mr. Hickman	...	...	Mr. Johnson.
Mr. A. E. Durham	...	...	Bones.
Mr. C. H. D. Ralph	...	...	Tambourine.
Mr. G. Mackeson	...	...	1st Banjo.

Messrs. Fraser, Spurrell, Lumley, Cooper, Jas. Russell, C. Spurrell, Wohlmann, T. G. Stevens, Blaker, Austen Smith.

Messrs. Durham and Ralph's duet "Geese ober dere" was loudly applauded every time it was heard. The latter gentleman's "rich" and powerful falsetto was heard to great advantage in "Razors in the Air."

The orchestra consisted of banjo, violin and piano, the latter being played by Messrs. Mackeson and Fraser.

Mr. Jas. Russell was the violinist. He carried a violin inscribed with curious signs somewhat of this kind "1/6," and a very short bow. Upon enquiry, your correspondent was informed that the signs were the private marks of the old Italian makers, and that "Strads," which appears to be a technical name for an old crusted fiddle, are recognized by this special one. The bow it appeared was a very old one, and had been worn short by constant use. Perhaps the reason Mr. Russell did not play much was that he only allowed himself to wear down the bow so much every day. This is mere hypothesis.

Mr. Mackeson's "Bogie Man" was a great success, and has since become a perfect bugbear to the sisters and nurses, and is used as a threat to naughty children, and Bones and Tambourine were terribly awed by the tragic threats conveyed. We were pleased to hear a lot of old favourites, "Nellie Gray," by Mr. Hickman, "Poor Old Joe," by Mr. Lumley, "Dinah Doe," by Mr. Wohlmann, "Annie Roonie," by Mr. C. Spurrell.

Mr. Stevens sang "Tavern in the Town," Mr. Cooper "Song of the Lag" and "Pepita," and Mr. Blaker "Clara Nolan's Ball," the chorus of which was much appreciated. "Pepita" had a strange effect upon the chorus, many of them attempting to climb an imaginary wall, when Mr. Cooper sang of that which apparently separated the lover from his fair Pepita, like Pyramus from Thisbe.

No doubt, this was an instance of "suggestion."

Hypnotic journals please copy.

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And lest anything should be wanting, both Mr. Blaker and Mr. Durham did some excellent dancing.

The verdict of all, from the small boy in blanket held in Sister's arms, to those who are high in authority at Guys was, "Very good."

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IN MEMORY OF THOMAS GUY
G Sichel 1890

Passim.

THIS first issue of the GAZETTE for the year 1891 is the New Year's Card which we are sending to all our friends, and in it we desire to convey our best wishes for the Season, and the days which are to come. The steady progress of our Medical School during the past year, which we have endeavoured to record in these pages, is a subject for hearty congratulation, and leads us to expect still greater things in the future.

AN Entertainment in aid of our Samaritan Fund will be given (by kind permission) in the Governors' Court Room, on January 8th, at 7 p.m. It will consist of Musical Tableaux, Part Singing, &c., by members of the congregation of St. Andrew's, Stoke Newington. Tickets 2s. each. When we remember the success of last year's entertainment by the same kind friends, it will be safe to predict a substantial contribution to this most worthy fund.

SPECIAL attention is called to the first portion of the new catalogue of the Pathological Museum, which has just been issued, and will be found on the shelves of the Museum. To say that it surpasses in merit any similar work in London is but faint praise; yet let it suffice, and we will merely add that the book is *red*, and we hope will continue to be read by succeeding generations of students.

THE answer to the Surgical Commentary which was published some weeks ago has been unavoidably delayed, but not forgotten. Our attention has heen called to an error in the abstract of the Medical Commentary which appeared in the last issue. On page 265, line 8, from the bottom of the first column, the numeral (i.) should be omitted.

CONFIRMATION IN LYDIA.—On Sunday afternoon, for the first time, we believe, in the annals of Guy's, or at any rate within the Editorial memory, a confirmation service was held in the wards. Chairs were set down the central aisle of Lydia Ward, hymn-books were distributed, and everything was in readiness, when, shortly before five, the Bishop of Rochester arrived. One patient and four ward-maids were duly confirmed, and at half-past five his lordship left the ward, having first taken an especially affectionate farewell of a typical little Borough boy in the corner bed by the door, whose queer personality evidently tickled the episcopal fancy. The Treasurer, Matron, Dr. Steele and several friends were present at the ceremony.

WE desire to thank Messrs. Stiles & Co., Messrs. Brinsmead & Son, and many other pianoforte manufacturers, for the loan of pianos. We can assure them that they were much appreciated.

AMONG the visitors who have played and sung to the patients during the past week were:—Miss M. Smith, sister of our Resident Medical Officer of Bright; Miss Hoare, Mrs. Lockhart, the Misses Mumford and the Misses Mackeson.

THE "Erard" piano in Stephen was very much appreciated by all who heard it, and Mr. F. Russell preferred it to any other as an accompaniment to his beautiful violin solos.

ANY sisters or nurses who wish to subscribe to the GAZETTE should at once intimate the same to Mr. A. S. Wohlmann or to Mr. G. Mackeson.

WE have received the accompanying account of the Christmas monies received from the students for the patients' dinners and tobacco, and we are requested to thank the donors most heartily for their liberality. The whole amount collected was £49 10s., which was divided as follows:—

Patience	£1 17 6
Mary	5 12 6
Stephen	4 10 0
Philip	4 10 0
Accident	3 12 0
Clinical	3 12 0
Cornelius	2 12 0
Lydia	2 12 0
Martha	2 12 0
Dorcas	2 12 0
Charity...	2 12 0
Naaman	2 12 0
Luke	2 12 0
Lazarus	2 12 0
Job	2 12 0
Eye Wards	2 12 0
	£49 14 0

Signed H. AUSTEN SMITH, Senior R.O.
THOS. G. STEVENS, Junior R.O.
Audited and found correct, C. SPURRELL, H.S.

DENTAL STUDENTS' APPOINTMENTS.

Assistant Dental House Surgeon.—F. Haynes.
Curator of the Dental Laboratory.—H. B. Stoner.
Demonstrator in the Conservation Room.—P. Harrison.
Dresser in Gas Room.—H. G. Howitt (January), S. R. Apthorpe (February).
Dresser in Extraction Room.—A. R. Henry, F. Allworth (January and February); W. H. Saul, S. Keele (March and April.

JANUARY APPOINTMENTS.

House Physicians.—F. W. Hall, M.B., B.S., Lond., H. A. Smith, M.B., B.C., Camb.
House Surgeons.—R. G. P. Lansdown, M.B., B.S., Durham, H. M. Jordan, M.R.C.S., L.R.C.P.
Assistant House Physician.—H. W. Webber, M.B., B.S., Lond.

MAGIC LANTERN IN MARY.

On Monday (December 29th) evening, at six o'clock, Mr. Stanley exhibited a series of Magic Lantern Slides, illustrating the "Pied Piper of Hamelin," "Dick Whittington and his Cat," and Dickens' "Christmas Carol." Mr. A. E. Durham recited the "Pied Piper." Mr. Hickman told the story of Dick Whittington in a somewhat spasmodic way, which created great amusement amongst the Patients and Visitors. Mr. Lansdown read the "Christmas Carol" in his well known clear tone. Music was supplied in the intervals by the Misses Mumford and Mr. Russell. Our thanks are due to Mr. Stanley for his kindness in providing such real amusement for the children now in the hospital.

ENTERTAINMENT IN RUTH.

The first and last organized entertainment in the Wards this season was held in the Eye Wards on Monday evening, December 29th.

Two one-act pieces were played before a sympathetic audience, and went off well, and Sister Ruth may be heartily congratulated on the success of her entertainment.

They are ambitious people in the Eye Wards, and don't do things by halves; there was a *real* stage with a curtain in front which could be drawn aside with scarcely a hitch; then there was a *real* orchestra, which, hidden away from view in another part of the ward, under the able guidance of Mr. Gillespie, discoursed really good music, and did not stint the quantity; last, and not least, there was a *real* printed programme, just as in a real theatre, only there were no advertisements, and you did not have to pay for it.

The curtain rose, or rather parted asunder, on the opening scene of "Dearest Mamma," shortly after six. There is no need to describe the play in detail, suffice it to say that it was "a comedietta in one act," and that amongst the characters were included a newly-married couple, a widowed mother-in-law who insists on living with them, a bachelor friend of the husband's, and a fine old crusted uncle, the imagination of our readers can fill in the rest. (N.B.—Do not be gulled by any such nonsense O Guyish public; our reporter, like the lazy scamp he is, cut off to dinner soon after six, and did not return until the curtain was just falling on the last scene of "Dearest Mamma"; we expect he "faked this up" from the programme! Ed.)

After a rather considerable interval during which the audience refreshed the inner man (and woman) to the enlivening strains of "Forget Me Not," the curtain was withdrawn for the next play, "Sunset," and showed two girls gloating over a love-letter and babbling of their loves. They are extremely affectionate, and kiss one another, and eat butterscotch in a most naturalistic fashion. The comic element is supplied by Azariah Stodd, a country bumpkin, impersonated with great success by Mr. Gardiner, and intended as a husband for one of the above-mentioned girls by a stern uncle with a white waistcoat and a bald head.

Then there is an Aunt Drusilla, with spectacles and knitting-needles, who finds the manners of the girls of the present day much too "fin de siecle," and very far below those of *her* time.

Then the handsome swain, or he would have been with just a *leetle* less mustache, arrives on the scene, and both the girls find that they love the same man. Now comes a touch of pathos, when one girl, with smiling face, hands over her lover to her younger sister, and then is left to weep in solitude.

On this somewhat tragic scene the curtain finally descended, to the evident surprise of the audience, who had not expected a comedy to end like this.

The parts were sustained by Mr. and the Misses Hichens, Mr. Haskett Smith, Mr. R. Stevens, and Mr. Bell.

Amongst the audience we noticed the Treasurer, Dr. and Miss Steele, Dr. and Mrs. Pitt, Dr. and Mrs. Perry, Mr. and Mrs. Bowden, many of the Sisters, and one or two old Guy's nurses, while the first three or four rows of stalls were occupied by patients.

Queen Extracts.

We have received the First Annual Report of the "Committee of Collective Investigation," of the Anatomical Society of Great Britain and Ireland. This committee was appointed in March, 1889, and in the following September these questions were issued :—

1. Abnormalities in the arterial supply of the kidney. The renal arteries to be noted in every subject dissected, and all deviations from the normal arrangement in number and position to be tabulated.

2. The relation of the internal maxillary artery to the external pterygoid muscle, whether superficial to, or deeper than the muscle, its position to be noted in each body.

3. The condition of the tuberculum laterale of the posterior process of the astragalus, whether detached as an os trigonum, or continuously ossified to the astragalus, its relations to the posterior astragalo-peroneal ligament may also be noticed.

4. The order of union of the three great trunks which form the vena portæ, and the levels of their junctions. The recorder is asked to endeavour, as far as possible, to observe and report the existence of valves in any of the tributaries of this vein.

Copies of the above questions were forwarded to the teachers of 36 schools in the United Kingdom, but answers were received from only 13 of them. While recording their thanks to those who had so kindly assisted, the committee regretted that no replies were received from many of the larger and more important educational bodies, and hoped for more assistance in the future.

With regard to question No. 1, the replies have been tabulated, and from this we gather that 419 subjects were examined. Of this number 74 per cent. presented the normal arrangement, while in 7 per cent. there was an accessory artery from the aorta to the upper end of the kidney, and in 8 per cent. there were two distinct renal arteries.

In regard to question No. 2, 447 subjects were examined, and it was found that the artery was superficial to the muscle in 54 per cent., and beneath it in 45 per cent. In those cases in which the artery was beneath the muscle, its relation to the branches of the inferior maxillary nerve was very irregular indeed, so that no definite statements could be made.

The tuberculum laterale mentioned in question No. 3, refers to the process on the *outer* side of the groove at the back of the astragalus for the tendon of the *flexor longus pollicis pedis*. Out of 438 specimens examined, this process was found to exist as a separate bone (called the *os trigonum*) in 12, while in 6 there was evidence of a separate centre of ossification. In three of the cases in which an *os trigonum* was found there was a distinct synovial joint which communicated with the cavity of the posterior astragalo-calcaneal joint, and the ossicle itself was connected by a small slip with the posterior fasciculus of the external lateral ligament of the ankle.

The returns respecting question No. 4 were not so numerous. Professor Cunningham has pointed out that there are four chief ways in which the portal vein may be formed :—

1. The most frequent method is that which is described as normal,—where the inferior mesenteric vein enters the splenic, while the superior gastric or coronary enters the portal vein. This condition existed in 18 out of 47 subjects—9 males and 9 females.

2. The next most frequent mode is that which may be called the reverse of the first, where the inferior mesenteric vein joins the superior, while the superior gastric enters the splenic. This occured in 11 of the subjects—9 females and 2 males.

3. In this mode of formation, both the inferior mesenteric and superior gastric veins poured their blood into the splenic. In 8 subjects this condition existed, 4 being males and 4 females.

4. Here, neither the inferior mesenteric nor gastric veins entered the splenic, but both these, together with the splenic vein, successively joined the continuous trunk of the superior mesenteric and portal veins. This obtained in 7 subjects —3 males and 4 females.

Out of 62 subjects in which the point of formation of the portal vein was noted, in 35 it was opposite the body of the *second* lumbar vertebra. In 22 cases carefully examined, no valves were found in the portal vein.

Note.—Since writing the above my attention has been called by Mr. Ibbotson to an excellent specimen of an *os trigonum*, which he discovered in the course of dissection. There was a well developed joint between it and the back of the astragalus, and the posterior fasciculus of the external lateral ligament was chiefly inserted into it. In the opposite limb it was not present, but the posterior external process of the astragalus was unusually large. T.

THE NEW CLINICAL LABORATORY.

Another opportunity has been added to the many which Guy's men enjoy of acquiring clinical knowledge. The Medical Ward Clerks coming on duty on January 1st will, no doubt to their great delight, find ready for their use the new Clinical Laboratory, fitted up in the room until lately occupied by Dr. Pavy. Truly the heart of Mr. Hopkins and his many supporters at a recent debate at the Physical Society must rejoice that the Laboratory they so earnestly advocated is now in existence, and

that many of the puzzling specimens of the past will, in the future, have a much better chance of a lucid explanation.

The rules are as follows:—

I. The Clinical Laboratory is under the charge of the Medical Registrar for the time being.

II. Its use is for the purpose of carrying on such clinical investigations as cannot, without inconvenience, be performed in the wards. The ordinary testing for albumen, sugar and urea shall still be carried on in the wards as before.

III. The laboratory will be open every week-day from 10 a.m. to 1 p.m. for the use of gentlemen who wish to examine any material for tubercle bacilli or other organisms, but anyone so desiring to use the laboratory must first of all apply to the Medical Registrar who will attend every morning (except Sundays) at 10 a.m. Between 10 and 1 the Registrar is to be found in the General Medical Wards.

IV. Anyone desirous of undertaking special investigations (not bacteriological) must apply to the Medical Registrar, and must

(i.) Show that he is competent to make such investigations.

(ii.) Make sufficiently clear the object and nature of the investigations.

(iii.) Submit a list (as far as possible) of the apparatus and material required.

V. Such special investigations are to be carried on within the hours of 10 a.m. to 5 p.m. (except on certain afternoons, twice in the week, when a class lasting for an hour will be held by the Registrar).

REGULATIONS FOR OBTAINING THE DIPLOMA IN PUBLIC HEALTH OF THE CONJOINT BOARD.

SECTION I.

EXAMINATION.

I.—Candidates must be registered under the Medical Act.

II.—The Examination, consisting of two parts, will be held in the months of January and July in each year.

III.—Candidates must pass Part I. before being admitted to Part II.

IV.—Candidates may enter for Parts I. and II. separately or at the same time, but no Candidate's name will be published until he has passed in both parts of the Examination.

V.—The Examination in each part will be written, oral, and practical.*

VI.—The fee for each part is £5 5s., and must be paid three days prior to the day on which the Examination commences.

VII.—A Candidate who fails to satisfy the Examiners in either part may present himself again at the next Examination on payment of a fee of £3 3s.

* NOTE.—The Practical Examination in Part II. may include a visit to, and report on, some selected premises.

VIII.—The Diploma awarded is entitled "Diploma in Public Health of the Royal College of Physicians of London and the Royal College of Surgeons of England."

IX.—A candidate intending to present himself for either part of the Examination must give 14 days' notice in writing to the Secretary, at the Examination Hall, Victoria Embankment, W.C.

SECTION II.

CONDITIONS OF ADMISSION TO EXAMINATION.

A. *For Candidates registered under the Medical Act on or before the 1st of January, 1890.*

A Candidate registered under the Medical Act on or before the 1st of January, 1890, will be admissible to Part I. of the Examination on producing evidence of being at least 23 years of age, and to Part II, on producing evidence of being at least 24 years of age.

B. *For Candidates registered under the Medical Act after the 1st of January, 1890.*

A Candidate will be admissible to Examination in Part I. on producing evidence:—1. Of having been in possession of a registrable Qualification in Medicine, Surgery, and Midwifery for at least 12 months. 2. Of having attended, after obtaining such registrable Qualification, practical instruction in a Laboratory recognised by the Examining Board in England, during a period of six months. (For Synopsis of Course see Note page 11,) 3. Of being at least 23 years of age.

A Candidate will be admitted to Part II. of the Examination on producing evidence of being at least 24 years of age.

SYLLABUS FOR THE EXAMINATION.

PART I.

1. Physics in their application to health; with reference to (*a*) Warming and Ventilation, (*b*) Water Supply, Sewerage and Drainage, (*c*) Sanitary Construction. 2. Meteorology in relation to Health. 3. Chemistry, with special reference to Food, Air, Soil, and Water. 4. Microscopical Examinations, as applied to Air, Food, and Water. (See Note, page 11.) 5. Geology and Soil, in their relation to Drainage and Water Supply.

PART II.

1. The origin, development, and prevention of Disease; with reference to (*a*) Special Pathology of Epidemic and Endemic Diseases, including the natural history of the Specific Organisms of Diseases; (*b*) influence of Climate, Season, and Soil; (*c*) effects of unwholesome Air, Water, and Diet; (*d*) diseases of Animals in relation to the health of Man; (*e*) influence of Occupation and Lodgment; (*f*) Isolation, Quarantine, Disinfection, Vaccination. 2. Sanitary Work and Administration, with reference to (*a*) Health Requirements of Houses, Villages, and Towns; (*b*) the Sanitary regulation of Households, Establishments, and Occupations, including the construction and arrangement of Hospitals; (*c*) the prevention and control of Epidemic and Endemic Diseases. 3. Statistics, in relation to Health. 4. Statutes, Orders, and Bye-Laws relating to Public Health. 5. Duties of Sanitary Authorities and their officers.

† NOTE.—SYNOPSIS OF THE COURSE OF LABORATORY INSTRUCTION.

I. PHYSICS.

Gases; examination of their physical properties; their weight and bulk under varying alterations of pressure and temperature, and the movements thereby set up; diffusion; with especial reference to warming and ventilation.

Anemometers and their use.

Liquids; their physical properties; their pressure, and flow through tubes and conduits; their action on gases.

Meteorological instruments; their construction and use. Barometers; thermometers; hygrometers; rain-gauges.

II. CHEMISTRY.

The analysis of water for drinking-purposes, including the qualitative and quantitative estimation of total solids (lime, magnesia, chlorides, sulphates, nitrates and nitrites, ammonia and lead), and loss on ignition of solids; determinations of hardness, of organic impurities, and of acidity and alkalinity.

Chemical methods of treating sewage.

The examination of air for the detection of polluting gases.

Simple methods of eudiometry.

Estimation of the quantity of carbon dioxide in air.

III. MICROSCOPY.

The recognition of the constituents of food, such as starches and muscular fibre.

The recognition of the chief fibres of clothing, such as wool, cotton, and silk.

The recognition of constituents of ordinary dust, and deposits from water.

IV. BACTERIOLOGY.

V. PARASITES AND OTHER ORGANISMS, INFESTING FOOD STUFFS OR THE HUMAN BODY.

Books of Questions set at the Examinations for the Diploma in Public Health during the years 1887, 1888, and 1889, may be obtained on application to Messrs. TAYLOR AND FRANCIS, Red Lion Court, Fleet Street, London, E.C. Price 6d.; post free 6½d.

IS WOMAN MENTALLY INFERIOR TO MAN?

In these days when woman forgets her duties as a "Home Ruler," and as the mother of our race, and vies with men in callings which precedent shows to be fitted for him alone, and which enable him to support the gentler sex in the position which heaven ordained she should occupy, the psychological differences between male and female may well be studied with interest. There is no doubt that in affection, self-denial, devotion, sympathy, and modesty, woman stands above man; and she is also pre-eminent in religious feeling and general morality. As a nurse she is unequalled, both in her sympathy and power of attending children, and ministering to the weak and afflicted. But as a doctor, a lawyer, a great originator of scientific and literary truths, she is a failure. Let me therefore point out the leading features of this distinction which have impressed themselves on my mind when brought into mental contact with the intellect, emotion, and will of woman.

Seeing that the average weight of a woman's brain is about five ounces less than that of a man, on anatomical grounds alone we might expect a marked inferiority in the mental attainments of the former; and as the general physique of woman is less robust than that of men, and, therefore, less able to endure prolonged brain action, we should, on physiological grounds also, arrive at the same conclusion. My own impression is that there is a comparative absence of originality in woman, especially in the higher levels of mental work. In the acquisition of knowledge, woman comes much nearer to man, and in young girls this power is, as a rule, more marked than in boys of the same age; but as the development of the brain advances, man steps to the fore even in this respect, and taking highly cultured men and women as examples, we shall find the latter, as a rule, have read more superficially than the former. Superficiality, also marks a woman's powers of judgment; she does not take such an impartial view of matters as man does, and her emotions bias her very greatly. I do not assert that there are not many instances in which a woman's judgment is not sounder and more logical than a man's; but I take an average, and I think that man has always been regarded as the arbiter in all matters of home and general importance since Adam had the naming of the various creatures that formed the animal life of his garden. Surely man would not have been allowed to keep this position so long had there been any doubt as to his right to occupy it.

Let us now turn to the emotions, and we find that woman's power of self-control is very inferior, and her feelings are apt to break away from restraint. Whether this shows itself in an aggravated form like Hysteria, or only displays itself as childishness, ready annoyance, or unreasonable temper, it matters not, for we recognise all these as essentially feminine characteristics. If a woman cries we do not look on it as the betrayal of the same depth of feeling as when a man does. Coyness and caprice are also very general peculiarities; and personal vanity, fondness of display, and delight in admiration, are all more feminine than masculine.

In the courage necessary for the endurance of ills, women are said to be infinitely superior to men; yet even in this I agree with the authority who states:—"Their passive courage is not so much fortitude which bears and defies, as resignation which bears and bends."

Lastly, woman certainly ranks second to man in firm tenacity of purpose in overcoming obstacles, and also in concentration of thought and attention. Indecision of character has been held up from time immemorial as a feminine characteristic, and a "strong-minded female"

has been held up by many writers as a person to be avoided. Let woman then keep the place in which she is dearest to man—as his "second half," his helpmeet, and adviser, but not as his equal in the race for existence, or she will develop into an Amazon, without that "womanliness," that subtle characteristic which we all admire so much, and which arouses in us that reverence and respect for women, and promotes chivalrous feelings and knight-errantry which we are said to be without in this nineteenth century. Surely woman herself is to blame if she is not treated with chivalry, for she makes us forget she is a woman by endeavouring to become a man, and to undertake work for which her intellectual faculties are entirely unsuited, her emotions are not sufficiently controlled, her will not strong enough to stand rebuffs and overcome obstacles, and her frame physically unfit to sustain the mental and physical wear and tear produced.

G. M.

BISHOP'S GRANULAR EFFERVESCENT PREPARATIONS.

We have received from Messrs. Alfred Bishop & Sons, manufacturing chemists, 48, Spelman Street, Mile End, New Town, a number of specimens of their granular effervescent preparations. After a careful examination we have arrived at the conclusion that Messrs. Bishop & Sons, who were the original makers of effervescing compounds, have reached the highest point of perfection in the manufacture of these special articles. They are well granulated, accurate as regards the quantity of drug, and dissolve readily with brisk effervescence in water. This effervescing form is an exceedingly pleasant one for the administration of medicines. It is impossible to prescribe all the most important drugs, for Messrs. Bishop's list is an extended one, and includes the latest new remedies, such as Exalgine, Antipyrin, Caffeine Citrate, Antifebrin, &c. One of the iron preparations consists of the ingredients of Blaud's pills; this is an excellent idea, for it is thus possible to give unchanged carbonate of iron, as the salt is only formed during the effervescence, and thus reaches the stomach in a condition for immediate absorption.

APPOINTMENT.

PENNY, E., M.D., Lond., M.R.C.S., has been appointed Analyst to the Hull and Goole Port Sanitary Authority.

Advertisements.

LONDON.—NON-DISPENSING PRACTICE for transfer. Receipts average £1,700 per annum. There is very little night work; the practice is easily worked, and has not been pushed. The books have been well kept, the bad debts do not amount to 2 per cent. of the earnings. The incomer should possess an M.D. degree, and have had some years' experience in good class practice. Eighteen months' introduction will be given, and two-and-a-half years' purchase required.—Address, Mr. C. H. WELLS, Guy's Hospital, S.E.

ASSISTANTSHIPS.—Gentlemen desirous of taking an Assistantship should apply at the Medical Office without delay, as at the present time there are four vacant salaries ranging from £200 downwards. Two vacancies are for Welsh speaking assistants.

AN M.R.C.S. L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or South of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. WELLS, Guy's Hospital.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

COACHING.—M.D. Lond., F.R.C.S. Eng., prepares Gentlemen for the London University, Fellowship, First, Second or Final Conjoint Examinations. Terms moderate.—Address, M.D., Park View, Alexandra Road, Upper Norwood.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

PRACTICE OR PARTNERSHIP.—Wanted by a Guy's man, M.B. Durham, M.R.C.S. Eng., Partnership with an elderly practitioner preferred; country town south or west of England. Advertiser has had considerable experience as Locum Tenens, Assistant, &c.—Apply, Mr. Wells, Medical Office, Guy's.

BOOKS! BOOKS! WANTED—in good condition; cheap. Cornil and Ranvier. Path. Vol II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

WANTED—Book containing Questions on Medicine, Surgery, Psychology, Surgical and Medical Anatomy, Hygiene, Medical Jurisprudence, and Toxicology, also Correct Notes of above subjects.—Apply Studens, c/o Mr. Grattan, 16, The Boro'.

AN OLD GUY'S MAN practising in one of the best suburbs in the North of London, desires a Resident Patient, either adult or child. Every consideration given and terms moderate. Very healthy neighbourhood and pretty surroundings.—Apply in first instance to Mr. Wells, Medical Office, Guy's, S.E.

BOOKS WANTED, Cornil & Ranvier's Pathology, Vol. II. Part 2, Hillow's Rest & Pain, Ziegler's Pathology, Trive's Surgery.

INSTRUMENTS.—For Sale. Nearly all new, having been purchased within the last three years. Liberal discount given. A complete list can be inspected on application to Mr. WELLS, at Medical Office.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JANUARY 17, 1891.

SARCOMA OF THE NASO-PHARYNX.

From Notes by Mr. F. BUSH.

History.—Arthur P., aged 17, was admitted under Mr. Howse for a tumour of the face on the left side, which he first noticed a year ago. It has been gradually enlarging ever since. For the last three months his nose has been stopped up on both sides, and there have been recurrent attacks of epistaxis.

On Admission.—There is a swelling on the left side of the face, which is situated beneath the tissues of the cheek. With the mouth open the swelling is seen to be oval in shape, and to extend from the level of the second upper bicuspid tooth backwards along the outer surface of the alveolar process of the superior maxillary bone as far as can be reached. The tumour is firmly attached to the alveolus, and its surface is covered with vascular mucous membrane. The soft palate is thickened and œdematous, and pushed forwards by a large growth in the naso-pharynx. On digital examination the posterior nares are found to be obstructed by polypoid masses of growth, which are soft and readily bleed. It should be noted that the patient has a decidedly muted voice and is deaf. There is no protrusion of the eyes, nor expansion of the antrum, nor depression of the hard palate.

Further History.—A month after admission the naso-pharyngeal growth had steadily enlarged, and in anticipation of some operative treatment laryngotomy was performed. Four days later an attempt was made to remove the growth by forceps passed behind the soft palate, the lower end of the pharynx having been previously plugged. As this was unsuccessful the superior maxilla was excised, and the growth freely removed from the naso-pharynx, and beneath the cheek. The patient however did not rally from the operation.

Examination of specimen.—From an examination of the parts after death, and of the structures removed at the operation, it was determined that the tumour sprang from the under surface of the body of the sphenoid, and the basilar process. It protruded into the naso-pharynx, filling up the left posterior orifice of the nose, and displacing the septum nasi to the right so completely that the nasal passage on that side was occluded; it extended forwards and outwards through the spheno-maxillary fossa, expanding the pterygo-maxillary fissure, and creeping along the alveolar ridge of the superior maxilla; and finally it grew upwards through the spheno-maxillary fissure as far as the sphenoidal fissure, where it was separated from the middle fossa of the skull by dura mater only. The left superior maxilla was curiously deformed by the pressure of the growth. Its antrum was reduced to a small triangular cavity by the approximation of its outer, inner and posterior walls, which were in contact with the growth; but the interior of the antrum was healthy. The portion of the tumour which occupied the pharynx behind the soft palate was lobulated in outline, and covered with thickened and œdematous mucous membrane. Histologically the growth was a spindle-celled sarcoma.

REMARKS.

The above case may be taken as a typical example of this disease, as regards its morbid anatomy and clinical features. Bosworth (Diseases of Naso-Pharynx, 1889) speaks of sarcoma of the naso-pharynx as a very rare disease, and says that, after a careful search through the literature of the subject, he was able to find only 19 cases on record. From the abstracts of these cases the following summary of the symptoms and pathology of the disease in question has been made. With very few exceptions the tumours arose from the base of the skull at the back of the pharynx, and at first grew downwards in the naso-pharynx.

1. *Obstruction of the posterior nares.*—The growth depending in the pharynx acts like a veil in obstructing one or both of the nasal passages, and by altering the quality of the voice and by causing oral respiration, it resembles in its effects the common adenoid growths of that region. As the disease advances the septum becomes displaced and the nasal passages completely occluded.

2. *Deafness, loss of smell.*—Common symptoms; the former due to pressure upon or blocking of the Eustachian tube.

3. *Epistaxis.*—Recurrent attacks of hæmorrhage were met with in about one-third of the cases. In the above report it was noted that the tumour in the pharynx bled readily on digital examination.

4. *Discharge.*—A purulent discharge from the naso-pharynx or from the nose is frequently met with, and is stated to be very foul and irritating. Indeed, the constant passage of this discharge into the stomach, and the inhalation of fetid air, must be held mainly responsible for the dyspeptic symptoms and impairment of general health, as in the case of chronic abscess of the antrum.

5. *Displacement of palate.*—As the tumour enlarges in the pharynx it gradually pushes the soft palate forwards into the oral cavity, or the soft palate may be stretched over the tumour, and ultimately become adherent to it. This condition is easily recognised from the mouth by digital examination, or the tumour itself may be seen protruding below the level of the soft palate.

6. *Dyspnœa and dysphagia.*—These symptoms have been frequently observed in the later stages of the disease, and have occasionally proved fatal. They appear to be due to the interference with the functions of the soft palate, and the constrictor muscles. In more than one case the growth was found to extend behind the pharynx in front of the upper cervical spine.

7. *Exophthalmos; ocular paralysis.*—The growth reaches the orbit by spreading through the spheno-maxillary fossa and fissure, and then extends to the middle fossa of the skull through the sphenoidal fissure. The ocular paralysis may be due to compression of the nerves at this spot, or possibly to invasion of the base of the brain, in which case the growth has probably penetrated through the ethmoid or body of the sphenoid. The possibility of cerebral compression, particularly of the temporo-sphenoidal lobe, by extension of the growth in the manner indicated must not be forgotten.

8. *Other extensions of the growth.*—These are numerous and variable, but are easily understood from the anatomy of the part. Laterally the tumour may extend behind the pterygoid processes into the zygomatic fossa, forward into the malar region, or outwards behind the lower jaw into the parotid region. Deep swellings at the sides of the neck have been met with, directly continuous with the pharyngeal growth; such swellings might be due to secondary enlargement of the cervical glands, though this is decidedly rare.

9. Lastly. *Invasion of the antrum* was noted in two cases, and is of importance in that it might cause difficulty in distinguishing this disease from a primary tumour of the antrum.

Histologically, the majority of the tumours were spindle-celled, or mixed round and spindle-celled, and in some cases they were of slow growth, two years or more.

CLINICAL LECTURE.

BY DR. PYE-SMITH.

The lecturer said that there had recently been, in clinical ward, an unsually rapid and fatal case of Bright's disease. The patient was a youth of seventeen, his family history was good and he had enjoyed good health until the present illness. He had never had scarlet fever, which was a very common cause of Bright's disease, in fact, if they enquired carefully into the previous history of patients with tubal nephritis, they would often find a record of scarlet fever and consequent dropsy, and they might reasonably think that the kidney had been affected permanently. The patient in question had not suffered from cold or from any of the other causes of morbus Brightii; an example of how little they knew of the causes of disease.

He had been taken ill a week before admission, with acute pain in the right side, when he woke one morning, his feet became swollen, his face also swelled, and his nose bled profusely: this was a more common symptom in the chronic than in the acute form of Bright's disease, as it had been profuse it probably helped to cause the anæmia from which he suffered, or it might indicate a chronic affection of the nose. He had also had several attacks of vomiting. On examination, a pleuritic rub with some effusion was found on the right side of the chest. He had a hard pulse, severe vomiting and suppression of urine; there was also considerable dropsy of the face and legs, but strangely the prepuce and scrotum were not swollen. Dr. Bright had given the eye, (watery conjunctiva) the back (lumbar cushion) and the genitals as the characteristic seats of œdema in renal dropsy.

The patient being in the above condition, the treatment was obvious; the kidneys were not doing their work, and therefore he was cupped, purged, and sweated. The best purges to use were the most rapid and efficient. He vomited up the elaterium and jalap powder that was first given, and therefore croton oil mixed with olive oil was put at the back of the tongue, and a turpentine enema was

administered. For the pain in the side leeches were put on, and a hot-air bath was given, to make the skin act. As far as observation went in this case, the hot-air bath had been the most effectual of the remedies, for after it, the patient passed his water. It contained a good deal of blood. This treatment was continued, and he was bled again in the night.

Dr. Pye-Smith said that in Morbus Brightii, bleeding, active purging, and hot air baths or pilocarpin would often rescue a patient from death, and he had been disappointed in this case that their efforts had been unavailing. At the autopsy the kidneys were found to be large, swollen, smooth and deeply congested. The medullary portion was deep red in colour and the cortical portion less red; there were no signs of blocking of the tubes. The pleura on the right side was covered with lymph, and there was enough serum effused to make the lower part of the lung carnified. The left ventricle of the heart was very much dilated. [Hypertrophy was the response of well nourished muscle to increased pressure; and dilatation the result of the giving way of the muscle to pressure]. The brain which they had thought would be healthy was in a condition of acute purulent meningitis which was mentioned in systematic treatises as a very rare complication of Bright's disease; and they found no caries or other cause to account for it. Had it not been for this complication the patient would probably have recovered. It accounted for his high temperature which had rather puzzled them; the temperature in Bright's disease was as a rule normal, and even in acute cases is rarely over 101° Fahr.; this patient had had a temperature of 104° F. (=40° C.), and the presence of meningitis explained it.

In speaking of Bright's disease, ought they to speak of it as one malady or several? Drs. Barlow and Wilks divided it into three forms:—

1. Large red kidney (acute).
2. Large white kidney (chronic form).
3. Small red contracted kidney (extremely chronic form).

After the great pathologist Virchow had discovered lardaceous disease, the following classification was made:—

Acute tubal nephritis.
Chronic tubal nephritis.
Chronic interstitial nephritis.
Myeloid (lardaceous) nephritis.

An eminent French authority described 13 varieties, while several German pathologists taught that all the varieties were only successive stages of one and the same morbid process.

They might, he said, join the large red and large white kidney under one head, since the latter was only a later stage of the former.

The lardaceous form of Bright's disease ought not to be classified in a series with the rest, for it might complicate either the large white or small red variety, and its source was quite different.

They had then two main forms of Bright's disease, differing in anatomy, origin, and symptoms.

1. Affecting the tubules; diffused; yielding at the post-mortem a large red kidney if the patient died early, or a large white one if the case became chronic.

2. A chronic affection from beginning to end (there might be subacute attacks in the course of the disease, but it came on insidiously); was intertubular in seat. There was no rise of temperature, no quick pulse, not much pain, and so hardly deserved to be called an inflammatory change, but was rather a granular degeneration like cirrhosis of the liver, and it showed at the autopsy a small raspberry-like contracted kidney, with adherent tunic and wasted cortex.

Diagnosis.—As an aid to diagnosis the following table would be found useful:—

Condition.	Acute Form.	Chronic Form.
Age	Children and Young Adults, not common over 40	Adults (usually over 40), often Gouty.
Albumen ...	Abundant ...	Scanty.
Quantity of Urine	Diminished / Suppressed in very acute cases	Abundant.
Sp. Gravity ...	High	Low.
Casts	Abundant ...	Few.
Anæmia ...	Very great ...	Marked.
High Blood Pressure	High in acute / Lower in chronic	Very high.
Pleurisy ...	Common ...	Common.
Pericarditis ...	Common ...	Common.
Dropsy... ...	Very marked ...	Slight, chiefly of feet.
Uræmia ...	Marked in acute / Less in chronic	Very marked.
Hæmorrhage ...	Only in acute stage	Frequent.
Left Ventricle...	Acute dilatation in fatal cases	Hypertrophied.

There was no obvious explanation for the *dropsy* in Bright's disease, but probably most of it was an inflammatory effusion, and not passive dropsy at all. *Anæmia* was a most marked symptom, and there was no disease which could make a young and ruddy youth so quickly anæmic. The *uræmia* was not due to retention of urea, carbonate of ammonium, kreatin or potassium salts. If, however, they took uræmia to mean the presence of urine in the blood, it would not mislead. The chief symptoms of uræmia were: rigors and convulsions, ending in coma, dyspnœa, and sometimes Cheyne Stokes' respiration; in inflammation of the pleura, pericardium or peritoneum (peritonitis was not common, but sometimes followed paracentesis for renal ascites); headache.

Prognosis.—In the most severe acute cases, very grave indeed; in ordinary acute cases, favourable. In cases of the large white kidney, the prognosis was serious, but hopeful. The granular kidney they could not cure; it was a

degenerated organ, but its effects could be relieved, and life was often prolonged to nearly its ordinary limits.

Treatment.—In the acute stage try to get the urine passed freely, and purge with scammony, jalap, elaterium or croton oil. The hot air bath was most useful, as also was pilocarpin. For headache, apply a leech to each temple; for pleurisy, leeches to side. Plenty of water and very little food.

After the acute stage was passed keep the patient warm in bed, open the bowels twice a day. Let him have no meat or beef-tea; diet him with milk and bread, vegetables and fruits, and as much water as he could take, but no alcohol. As the dropsy disappeared, let them stop the purging, and treat the anæmia with steel. Let them caution the patient always to wear flannel next the skin, and to be very temperate. If rich enough, send him to spend the winter in some warm sunny place, not to a "bracing" climate.

On the old man's granular kidney medicines had little effect; let them keep his bowels open, restrict his alcohol, and shield him from the cold.

THE MAD MUSINGS OF TOM O' BEDLAM.

It happened once upon a time,
(Who needs to be precise in rhyme),

It happened that two Atoms spoke
Of things momentous, not in joke,
But earnestly debating:
Around sat other Atoms—all
Invested by a plain cell-wall,
And deeply cogitating.

Said Atom One; "Though strange to tell,
"We form a multipolar cell,
"One of us joined to t'other."
"Its substance," broke in Atom Two,
"Is highly-phosphorized, and glue
"Unites it to another.

"Mere chemicals are we within,
"Of Protagon and Lecithin,
"Of salts and fats and Cerebrin,
"And other stuffs compounded.
"The corresponding formulæ
"That simple wight who reads will be
"Unfeignedly astounded."

And then a solemn silence reigned,
And each grave unit thought—or feigned
That it was deeply thinking.
(E'en as the owl, which we surmise
To be so deep and wondrous wise,
Feigns, and pursues his blinking).

Till one, more forward than the rest,
And ever eager in the quest
Of knowledge, spoke, enquiring
Of Atom One (a sage was he)
The nature of Psychology;
A science most aspiring.

Who to this query made reply
I fear a trifle scornfully:
"Suppose I jostle Atom B,
"Who gently gives a push to C,
"There is a Perturbation."
"And this"? they all in chorus cried,
"Well, this," the learned Mite replied,
"Is simple Ideation,

"A mental Act. Now learn of me:
"This science bold—Psychology,
"By means of introspection,
"Seeks to unmask, to analyse
"Thought, anger, love—what most we prize,
"Nothing escapes dissection."

"I scarcely gather what is meant,"
Quoth some meek dunce, "yet don't dissent,
"Or wish to take exception:
"But I am eager to be taught
"How, when I move, there is a Thought,
"Or should I say, Conception"?

"Canst not, poor dolt," the Wise One cried,
"Appreciate what is implied,
"Though not distinctly stated?
"That Thought and Movement are the same
"It were pure folly to proclaim:
"They are but *correlated*."

Once more grim silence fell: for each
Grave Entity, bereft of speech,
Sat wrapt in meditation:
Sat in a figurative mist,
Deeming it foolish to insist
On further explanation.

'Twas Atom Two who broke the spell:
"Perhaps," said he, "it were as well
"To take it all for granted.
"High-sounding word and pompous phrase
"Though void, beget a mental haze:
"Enough: our aid *is* wanted.

"To think that when we snarl and fight,
"And kick each other of a night,
"A stormy agitation
"Disturbs the mind! The task is vain;
"Let us not trouble to explain
This mystic 'correlation.'"

Thus were the Atoms satisfied.
"We rule the world!" they jointly cried,
In accents consequential.
Just as some human popinjay
Often will think, and *sometimes* say,
"To mankind I'm essential."

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

MEN AND WOMEN.

SIR,—For some reason or other, possibly owing to a very tardy development of hirsute appendages, I have been long accustomed at convivial gatherings, to find myself fixed upon as a fit and proper person to "reply for the ladies." Perhaps, therefore, it is a sort of acquired instinct which leads me to comment upon the remarks of G. M. in your last issue. Certainly I have no other qualification for doing so.

I have no great wish to dispute G. M.'s statements as to the essential differences between men and women, but I cannot refrain from taking exception to the general tone of his article. In the first place he writes as though he himself had just unearthed the question, and might treat it wholly *de novo;* calmly ignoring the many arguments which have been advanced for years past on the other side. One cannot help feeling angry, for instance, when he trots out the old brain-weight argument, as if it were something new to gods and men. Why, Sir, popular science writers in the daily press have been making money out of that five ounces deficiency almost every day since your contributor was born! If he will divide the average brain-weight by the average body-weight, he will not find the quotient differ very materially in men and women. As a matter of fact I think the whole question has been really sufficiently thrashed out from an *à priori* point of view. Woman, be she fit or unfit, has now come into her opportunities, and it might be well just to wait for a generation or two, and see what happens. It was an amusing incident in the early history of the steam engine, when Dr. Lardner and others conclusively proved *on paper* that the locomotive could not possibly move at all. It is not at all unlikely that woman (if the simile may be excused) will very shortly be running her intellectual sixty miles an hour, in spite of her paper critics.

G. M. argues that man would not have been allowed to remain arbiter of life's problems throughout the world's history had there been any doubt as to his right to occupy the position. Unfortunately, history has many instances of unjustifiable authority maintained by brute force for indefinite periods. Man's right to a sole voice in human affairs was probably originally based on might. Physical force was so large a factor in primitive social relations that it is probably only in the very highest developments of society that the factor becomes eliminated. Its residual effects, at any rate, remain.

I think, sir, that most of your readers, whatever their opinions, will agree with me that G. M. has generalised very unfairly indeed when he claims that woman's power of self-control is "very inferior," and that she "certainly ranks second to man in firm tenacity of purpose in overcoming obstacles, and also in concentration of thought and attention."

It may be granted that woman usually requires some strong motive to call forth such powers, but, given the motive, I think most can call to mind in history and in one's personal experience instances where she has displayed marvellous powers of overcoming obstacles by the possession in abundance of these very two characteristics, namely—self-control and concentration.

I do not think G. M. could possibly have chosen two traits of character with respect to which the facts would tell more clearly against himself.

I am certainly not going to argue that the recent successes of women at the Universities go to prove anything against G. M.'s position. As Dr. Starling said the other day, at the London University Club dinner, it was to be expected of them. Owing to their wonderful acquisitiveness, they are likely to beat us out of the field altogether at examinations, but I grant that such acquisitiveness is not a power of very high order. One has to admit, moreover, that the sex has produced few, very few, original thinkers; though I think one may ascribe the fact to a cause other than the more obvious one; but what I maintain here, in opposition to G. M., is that such originality, when it has appeared, has proved itself to be wholly compatible with true womanliness, to use your contributor's own term. He would be a bold man who should accuse Sappho of lack of such, and, certainly, George Eliot and Mrs. Browning were women in their every fibre. Such instances may be few, but they absolutely prove that the two things are not incompatible, and this is all we want. One thing should never be forgotten; whatever other attributes may go to make up the sum total of normal womanliness the desire to please is predominant and may override everything else; just as the desire to possess is predominant in men. Now it is certain that hitherto this instinct has found originality in conflict with it, and therefore the latter has suffered.

I cannot help thinking that men are vastly to be pitied when they start with a bias against believing in the essential equality of the sexes. What poor creatures we are to be content to squander the best and highest of our emotions on creatures so inferior to us; the very shallowness of whose nature prevents their making any adequate return! Depend upon it, sir, when men come to recognise the desirability of mating with their peers, women will be equal to the occasion.

There is much temptation to go into the whole matter from the point of view of Weissmann's more recent work; but I will spare your readers, unless G. M. gives me an excuse.—I am, etc.,

F. G. H.

"IS WOMAN MENTALLY INFERIOR TO MAN?"

Dear Mr. Editor,—I am surprised that you should have allowed the article on this subject by your correspondent G. M. to have appeared in the pages of such a liberal-minded journal as GUY'S GAZETTE. For a more crabbed, one-sided letter I never read. I think the famous criticism "what is true is not new, and what is

new is not true " exactly applies to it, and I am sure that *(Mister)* G. M. must have been having a bad quarter of an hour with some one (I wonder who !) when he wrote it. Evidently it was a woman, for he says that his impressions on this subject were due to being brought into "mental contact with the intellect, emotion, and will of woman." With lordly condescension he allows that woman is pre-eminent in affection, self-denial, devotion, sympathy, and so on, through the catalogue of effeminate virtues (as doubtless he would call them), but where brain-power comes in he says she is a failure, and all because a woman's brain is five ounces lighter than a man's. But then her whole body is smaller too, and if it is a mere question of weight, surely one sees plenty of big fat men whose brains, judging from the products of their actions, must have less than feminine proportions. And then he goes on to say, that since that wretched creature Adam, man has always been regarded as the arbiter in matters of importance. I think if he had taken the trouble to read over the story he would have seen that this very quality was conspicuous by its absence. Then come the old, old sneers at our caprice and love of dress. Why, I should like to know, may we not take an interest in pretty hats and dresses, when men are allowed to talk for hours about their guns and their hunters, and such like stupid subjects. But I haven't patience to go on. The real reason why we have never done anything great is because we have never had the opportunity of developing all our powers. Fashion and conventionality have hedged us in, and decreed what we should learn and what we should do, and it is only during the last few years that women have emerged into a state of comparative freedom. Let your correspondent revisit this earth in ghostly form, and *angelic* temper, some century or two hence, and then let him write his "impressions" on the intellectual status of women. Yet after all, why should women be expected to equal men in their mental power? There is plenty of room in the world for the exercise of those qualities peculiar to each sex, not in opposition, but working together for the general good. And it is as unkind and illogical to scorn our intellectual abilities, as it would be for us to ridicule the masculine awkwardness and utter incompetence in domestic matters. There are such a lot more things I should like to say, but if I trespass further on your space you will never forgive me.—I remain, yours faithfully,

ONE OF THE MENTALLY INFERIOR.

P.S.—I should just like to add that (*Mister*) G. M. will find a very powerful defence of our case in one of the Magazines for this month. Please ask him to read it.

THE COLLEGE LIBRARY.

SEVENTH LIST OF SUBSCRIPTIONS.

Amount already advertised	£200	0	0
Frederick Taylor, Esq., M.D.	5	0	0
H. F. Greig, Esq.	1	0	0
G. T. Birdwood, Esq.	0	2	6

THE M.S. (LONDON) COMMENTARY.

The case was one probably of tubercular disease of the bone in infancy. A certain amount of dead bone was taken away when the abscess was opened at eight years of age. But no very thorough clearing out operation was done at this time, and the wound healed over—some diseased bone remaining encapsuled. This gave rise to no inconvenience, though probably some thickening of the bone remained at the site of the old abscess.

When he contracted syphilis a gumma formed over the site of the damaged bone. This may be regarded as a weak spot, and gummata frequently appear at weak spots,—just as we have them forming at points of bruised or injured bone.

The gumma increased very much in size, and was incised to allow the escape of some broken-down material. In spite of very active anti-syphilitic treatment it did not entirely disappear, though the wound healed. The outline of the bone was now felt distinctly enlarged, and it was evident that fresh mischief had been lighted up inside it.

The tibia was accordingly trephined. A cavity was found in its interior containing caseous pus, shreddy material, and small fragments of very old caseous necrotic bone. Some of these fragments consisted of caseous *sclerosed* bone, and the surgeon, who performed the operation, was decidedly of opinion that they were of very old date, and probably arose from the bone mischief in youth, that they had become encapsulated, and had remained quiescent for about 18 years, until the syphilis had started the trouble again into activity.

After the second operation the wound healed, and the leg remained sound, at any rate a twelvemonth later.

Passim.

IN response to numerous enquiries we are glad to be able to state that the next Smoking Concert will be held in the College, on Saturday, January 31st, at the usual time and place. These concerts, which it will be remembered were started in October, were to have been held once a month, but, owing to the intervention of the Christmas holidays, no meeting was held in December. To ensure the success of these concerts the hearty co-operation of all is needed, and "the talent" are requested to give in their names as soon as possible to the Hon. Sec., Mr. A. S. Wohlmann. By the way, could not some of our musicians write a national anthem, so to speak, for Guy's, a song which should be to Guy's men all the world over, what Auld Lang Syne is to the Scotchman? The man who did so would be handed down to future generations as a true benefactor and "father of the people," one who had raised the *esprit de corps* of the Hospital, and forged another link in the chain which should bind together all true Guy's men.

ON Wednesday, 7th inst., our old friend, Mr. E. Claude Kingsford, L.R.C.P. Lond., M.R.C.S., Senior House-Surgeon, Bolton Infirmary, was presented by the Resident Officers and Nursing Staff with a handsome gold watch, suitably inscribed, as a mark of their esteem and regret at his resignation after three years' tenure of office, and of gratitude for his kindness.

WE publish in another column the regulations for the Fever Hospitals under the control of the Metropolitan Asylums Board. Any student desirous of receiving the clinical instruction given at these Hospitals should attend at Norfolk House, Norfolk Street, W.C., on any week day (except Saturday), between the hours of 10 a.m. and 5 p.m., and bring with him the written authority required by Regulation No. 1. The fee of three guineas is payable in advance.

To all and sundry, whomsoever it may concern. In the Conjoint Examinations last year we were considerably *below* the average merit in three subjects—osteology, physiology and medicine; in medicine we were particularly bad. Guy's, with her brilliant past, must indeed look to her laurels, and see that they flourish in the year which is before us.

WE have lately seen a letter from an old Guy's man, who is acting as an Unqualified Assistant in the country. After saying that his principal is ill, he adds, "there is a *locum* now, and I have had to put up the prescriptions of a young Edinburgh doctor. One was ℞ Syrup Ferri Phosph. Co. ℥ vj. S. ℥j t.d.s. I had to ask him to moderate it, as we should not be wanted to call again while it lasted, and that would not pay, as we only counted visits. Then he wrote for Ammon. Carb. ℥j. Tinct. Ferri Perchlor. ℥ij, Aquæ ℥ vj. I brought the bottle half full of the Mist., a black effervescing mass, and asked him if he wished a clear mixture sent out. He has also transposed the names of two patients, and one, a child, aged 2, had nearly got a six ounce mixture containing 15 minim doses of Tinct. Digitalis every four hours. I ran across country and just stopped it." He adds somewhat pathetically, "I hope he will carry on all right to-morrow."

WE print the above not with the view of disparaging the attainments of the young gentleman from Scotland—indeed, we are afraid that some of our own newly qualified men would blunder almost as badly—but for the purpose of calling the attention of our readers to the importance of learning how to write a prescription. At the present time it is quite a rare thing to find an Assistant Physician's Clerk who knows accurately the contents of any mixture in the Guy's Pharmacopœia, and some of our too

numerous rejections in Medicine at the Final Conjoint are said to be due to this ignorance of the art of prescribing.

WE have pleasure in recording the success of Mr. F. W. Hall, who has taken a 2nd Class Honours in the examination for the B.S., at London University.

WE also congratulate Mr. F. G. Hopkins on his honours in Physiology and Chemistry, at the B.Sc., London.

IT will be seen that the Subscription list for the College Library is still open, and we hear that donations to this much needed institution will be gladly received from all those who have not hitherto availed themselves of the opportunity of furthering the project. The work of selecting the volumes and purchasing the necessary fittings will soon be finished, and our College will then afford another source of pleasure to many.

THERE is a copy of the Students' Calendar for 1891 waiting at the Library or Medical Office for anyone who chooses to apply. In these days, when the annus medicus teems with fixtures, we ought to be thankful for this modest assistance to the memory.

THIS week we have received the first number of "The St. Thomas' Hospital Gazette," a friendly rival daintily decked in green covers bearing the Hospital Arms, and an artistic design representing Hygieia, who pours with flowing steam—well, Koch's fluid no doubt. We heartily congratulate our contemporary and wish it every success.

THIS leads us to say that our GAZETTE has received a letter from an old Guy's man, containing the most flattering comments, and asserting "with confidence and the utmost satisfaction" that in its competition with similar publications at various institutions it is *facile princeps*.

GUY'S HOSPITAL DENTAL DEPARTMENT.

ANALYSIS OF WORK DONE FOR DECEMBER, 1890.

Extractions Ordinary		214
,, Gas		224
Gold Fillings		73
Amalgam ,,		62
Osteo ,,		59
Perm. G.P. ,,		15
Temp. G.P. ,,		101
Attendances.	Scalings	15
	Crowns	8
	Regulations	46
	Dentures	12
	Splints	8
	Dressings	110
Advice		62
	Total	1014

FORTHCOMING EVENTS.

Jan. 19.—Preliminary Scientific and Intermediate M.B. Lond. Examinations begin.
,, 24. Meeting of Physical Society at 7.30 p.m.
,, 26. St. Thomas' v. St. Mary's (Cup).
,, 27. St. Bartholomew's v. Middlesex (Cup).
,, 29. St. George's v. University (Cup).
,, 30. Charing Cross v. Westminster (Cup).
Feb. 1. Applications received for Ast. H.P. and two Ast. H.Ss. for March.
,, 7. Meeting of Physical Society at 7.30 p.m.
,, 10. Last day for applying for H.P. and H.S.
,, 11. Preliminary Scientific M.B. List published.
,, 17. Intermediate M.B. Lond. Pass List published.
,, 21. Meeting of Physical Society at 7.30 p.m.

NOTICE.

THE following has been issued by the Conjoint Board:—*On and after the 1st January, 1891, a candidate rejected in Elementary Anatomy and Elementary Physiology, or in Elementary Anatomy or Elementary Physiology, as the case may be, will be required, before being admitted to re-examination, to produce a Certificate that he has received instruction to the satisfaction of his Teachers, at a recognized Medical School, in the subject or subjects in which he has been rejected, during a period of not less than three months subsequently to the date of his rejection.*

PASS LIST.

ANATOMY AND PHYSIOLOGY.	ANATOMY.	PHYSIOLOGY.
C. E. Carpmael	A. Alexander.	G. H. Steele.
C. H. Harding.	J. W. Burroughs.	J. B. Bettington.
A. H. Trevor.	J. J. Culmer.	
J. B. Winter.	G. E. Lockyer.	

ENTERTAINMENT IN THE COURT ROOM.

On Thursday, the 8th, the Court Room was, for the time being, converted into a miniature theatre, and, resplendent with draping flags, was filled to overflowing with all the "youth, beauty and fashion" of the Hospital. The entertainment consisted of eight tableaux vivants, each being divided into two or three scenes, and each requiring different scenery, so that it will be seen that the amount of labour devolving on the stage-manager and his attendant scene-shifters must have been by no means slight.

Soon after 7 the curtain rose on the first picture entitled "Safely invested in Stocks," and represented two men seated in the village stocks, while the children pointed at them the finger of scorn. One of the men, an elderly buck, who had probably dined "not wisely but too well," seemed decidedly uncomfortable and evidently found an uncongenial neighbour in his companion in misfortune, a red-shirted scamp, a groom probably, who was enjoying himself hugely, and reminded one irresistibly of Sam Weller.

The scenery in this, as in all the tableaux was remarkably good.

In the next tableau, King Cophetua and the Beggar Maid, the Maid was far too well-dressed for the part, but she looked very pretty, and so evidently thought the king as he looked and longed and—had to stand still. For some of us the situation was made rather ludicrous by one of "the gods" (there are always gods at any performance, go where you will) exclaiming in a stage whisper "why don't 'ee kiss the girl at once and ha' done with it?"

The second scene, in which the King, preceded by a procession of choristers in red, led home his lovely bride from the church, was received with rapturous applause, and was twice encored.

In the third tableau "Old King Cole" was a young and pretty King Cole, but was not the King Cole of our childhood, and somehow we seemed to miss the rubicund face, and pine for the knobly old nose of our nursery fancies.

In tableau four, the tall gaunt figure of John Knox, with hands outstretched against the beautiful Mary Queen of Scots, secured a double encore for the piece.

Then came an interval of a quarter of an hour in which, by the liberality of the Treasurer, refreshments were served in the Dining-Room downstairs. Here the crush was enormous, and those who were young and active struggled gallantly through a maze of ladies' trains and small boys, to secure something for the less fortunate ones behind.

Whether it was the stimulus of the refreshments on the performers, or whether it was their cheering effect on the audience we will not venture to guess, but certain it is that the plaudits in the first part of the performance were as feeble whispers compared with the thunders of applause that greeted the second.

The curtain went up on three successive sets, illustrating the story of the Pied Piper of Hamelin. We had not been prepared for such excellence, the grouping was most artistic, the scenery, considering the size of the stage, little short of wonderful, while the illustrative poem was well recited. Mr. Williams was very impressive as the Burgomaster, while Mr. Churcher as the Piper was extremely weird and uncanny.

In the rendering of "Sally in Our Alley," a good tenor made the most of his opportunity, and made perhaps *the* hit of the evening, the Sally upon the stage fully justifying his efforts.

In the next tableau "The Siege of Calais," the "*gentle* King," and the good men of Calais were well depicted, as was also Queen Philippa by Mrs. Williams; but the twine around the citizens' necks gave the whole a somewhat humorous appearance, and this set hardly kept up the standard of excellence.

The eighth and final piece was evidently intended as a crowning effort, and in beauty and impressiveness it fully justified the space, four scenes, allotted to it. The tableaux told the story of Queen Guinivere's flight from King Arthur and her reception at Almesbury Convent. The Queen was, in most of the scenes, well represented, but the King, to our manner of thinking, lacked something of ruggedness, and reminded one rather of "a wax-works king." This was probably due to the too sparing use of brown paint for the complexion and the substitution of too much pink and white. This pink and white nature of the complexions was noticeable all through the performance, and the little nut-brown maid impersonating "the novice" shone out well by contrast. The scene representing the reception of the Queen by a procession of nuns was far the finest of the evening, and the curtain had to be drawn up again and again in response to imperative encores. When all was over a short speech was made by the Treasurer, thanking the performers for the evening's enjoyment, and then to the strains of the National Anthem the room was slowly cleared.

NEW YEAR'S EVE AT GUY'S.

As the Old Year died away, so seemed to die with it the great frost which, with iron grip, had bound the land for weeks. There was a feeling of unwonted warmth and softness in the air as shortly before midnight some three score figures assembled in the Square and formed a ring around the Founder's statue to sing the New Year in.

Lanterns were ranged about the statue, a merry, noisy, impatient ring of medicals around, and old Guy in the centre, dark and imperturbable, with a bright light glowing on his head.

"Time," was called, and there was a dead silence, everyone holding his breath to catch the first stroke of the hour. Then came the deep majestic voice of Big Ben, boom, boom, sounding loud and close as if only in the next street, while all the multitudinous city clocks chimed in in chorus. Still all was silent in the Square, for Guy's men reckon their New Year by the Chapel clock according to old custom, and take no count of outside time. At length, when all the others had done, the Hospital clock struck up, and, as the last stroke of twelve died away, the familiar words of "Auld Lang Syne" rang out in the still night air and wakened the echoes of the Colonnade. Then as the solo ended the long pent-up voices of the encircling crowd found vent in a tremendous chorus Three verses were sung as a bass solo, and three times three the chorus rose, limited only by the parching of tired throats and the breathlessness engendered by much dancing, or running, round the statue.

In the colonnade afterwards everybody shook hands with everybody else at the same time, and wished them "Happy New Year" with affectionate enthusiasm.

It was not all merriment however, and much sadness was concealed under the cloak of gaiety; for was it not "going-off night," the end of their hospital career for some, the breaking up of old associations for many?

In the Charities' Room "going-off night" was celebrated in the usual manner, and speeches were made and healths, with musical honours, were drunk to the off-going Residents. In the adjoining room the externs carried their celebrations far into the small hours, for to the extern the division between day and night is not.

So passed away 1890 and a New Year was born at Guy's, and our fervent prayer is that when next the New Year is ushered in round the old statue, "may we be there to see."

Physical Society.

A Clinical evening was held last Saturday in the library. Mr. Hickman took the chair, and about forty members were present.

Mr. JORDAN showed a case of *Lupus* which had been treated by the injection of Koch's fluid, but he was unfortunately called away, and therefore did not discuss the case.

Mr. MACKESON showed a boy aged fifteen, who had received five injections of Koch's fluid for Lupus. The disease had broken out when he was eight, and he had been seven times an inmate of the hospital, and had been treated with cauterization with a hot iron, and with nitric acid; with iodoform and oleate of mercury ointments, and with salicylic acid plaster; and liquor arsenicalis had been administered internally. He had also been three times scraped with a Volkmann's spoon, and two patches appeared to have been permanently cured by this method of treatment.

On December 30th, two milligrammes were injected at 10 a.m. At 5 p.m. the patient had several rigors, and felt very sick. At 6 p.m. a diffuse minutely papular light scarlet rash appeared on back and chest, there was a distinct reddening of two of the lupus patches, and several of them felt tender. At 10 p.m. patient had been very sick. Temperature 103·6. Pulse 132. Respirations 30. This was the height of the reaction, and the symptoms gradually subsided, but at 10 a.m. the next morning a secondary reaction took place, and the temperature rose to 103·2. The patient had another injection of 2 m.g. on the 1st, and three injections of 3 m.g. on the 3rd, 5th, and 7th respectively. The most prominent general symptoms were vomiting, high temperature (103·6 to 104·6 F), the scarlatina like rash, which appeared after each injection, intense headache, pain in the lupus patches, buzzing in the ears and deafness; the patient also had an attack of herpes on the lip, conjunctivitis, and jaundiced sclerotics.

The effect on the patches themselves was very marked; at first they became reddened and slightly swollen, and the swelling extended into the sound skin round them. Several of them broke down and discharged, but they very quickly healed and scabbed over. Desquamation occurred all over the patches and over old scar tissue, and one or two of the small red tubercular nodules appeared to have shelled out. There was also a general softening of all the hard keloid tissue in the patches.

Mr. LANSDOWN sent a case of lupus of the nose, but was unable to be present, so Mr. MACKESON read his notes on the case.

Mr. SPURRELL showed a remarkable tumour in a woman under Mr. Howse. It was bilateral, being situated over the scapulæ, more especially on the right side. History of three years' duration. No injury.

Mr. LONG, *pro* Mr. SPURRELL, said that Mr. Howse had consulted with Mr. Willett, who had had several similar cases, in which the rhomboidei muscles had been

found to be ossified. No definite diagnosis had been given.

Mr. SHARP showed an old case of athetosis. The patient had sustained some spinal injury in an accident some years ago. There was a question of previous temporary hemiplegia. Mr. Sharp then gave some account of the theories regarding the disease.

Mr. T. R. TAYLOR asked whether movements could be *influenced reflexly or through the emotions*, and whether the movements were to be regarded as due to increased irritation or irritability of the cells of anterior cornua.

Mr. RAKE enquired about the treatment.

Mr. SHARP, in reply, said that certain congenital cases appeared to be due to intracranial causes. External conditions had no influence over the movements. There was no special treatment.

Mr. GREGAR showed a case of phthisis, in which there was a fluctuating tumour on sternum. Among the suggestions advanced as to its nature were aneurysm, gumma, tuberculous abscess, or empyæma coming forwards.

Mr. RAKE suggested actinomycosis.

Mr. LONG something intrathoracic.

Mr. W. K. STEELE remarked that the breath sounds could be heard very distinctly over it.

Mr. T. R. TAYLOR suggested gumma, and said Mr. Lucas, in one of his clinical lectures, drew particular attention to the frequency of tumours over the sternum being gummata.

Mr. LONG said that the case on which the lecture mentioned above had been given closely resembled the one shown by Mr. Gregar.

Mr. GREGAR said there was a history of gonorrhœa, but none of syphilis. He considered that the tubercle theory explained everything.

Mr. BIRDWOOD showed a case of locomotor ataxia, in which there was loss of reflexes, together with Argyll Robertson pupils, but no marked ataxic gait. The case was interesting from the fact of well marked analgesia being present without loss of sense of touch. Mr. Birdwood remarked that though a soldier the patient had never had syphilis, and only 21 of every 1000 had not.

Mr. LONG showed a case of old dislocation of humerus, which had been caused by planks which he was carrying falling on it.

A vote of thanks to the President and exhibitors closed the proceedings.

THE FEVER HOSPITALS.

(*a*) GENERAL REGULATIONS.

1. No student shall be admitted to study at the Asylum until he has produced at the offices of the said Board of Management evidence of his having obtained the sanction of the Medical School to which he belongs to his attendance at the Asylum.

2. No student shall be admitted to study at the Asylum *until the completion of the third year of his medical* education, nor until he has held the offices of clinical clerk and dresser.

3. The fee for each course of study at the Asylum shall be payable *in advance* to the Clerk to the said Board of Management. The amount of the fee shall be three guineas for the first two months, and one guinea for each subsequent period of one month, or such other amount as may from time to time be fixed by the said Board of Management with our consent.

4. On payment of the prescribed fee the student shall be furnished with a card showing to what Asylum he will be attached, and containing information with regard to the times at and during which he may attend at such Asylum. A copy of the regulations made by the said Board of Management respecting disinfection, and in force for the time being, shall at the same time be given to the student.

5. A register shall be kept at each Asylum in which shall be entered the name of each student admitted, the medical school to which he belongs, and the number of his attendances at the Asylum.

6. The minimum duration of the course of study shall be two months; and the student shall be permitted to attend at the Asylum three days at least in each week.

7. A certificate, signed by the Medical Superintendent of the Asylum, attended by the student, shall be granted by the said Board of Management to the student when he shall have satisfactorily completed his course of study; provided that no such certificate shall be granted to any student who has attended for less than two days in each week during the whole period of two months.

8. The student, whilst within the gates of the Asylum, shall in all respects be subject to the control of the Medical Superintendent of the Asylum, and shall strictly observe the regulations made from time to time by the said Board of Management with regard to disinfection.

9. In case of any breach of discipline on the part of a student, the Medical Superintendent may suspend him from attendance at the Asylum, and shall immediately report such suspension to the Clerk of the said Board of Management, who shall report the same to the Dean of the medical school to which the student belongs. The Board of Management may remove such suspension, or they may confirm the same, in which case the student shall cease to have any right of admission to the Asylum.

10. Paragraphs 3 to 9 (both inclusive) of this Order shall apply to any legally-qualified medical man who may desire to attend at any of the said Asylums for purposes of medical instruction, as if he were a student; but, so far as regards any such medical man, paragraphs 5 and 9 shall be read as if there was no reference in them to the medical school to which a student belongs.

(*b*) RULES AS TO DISINFECTION.

1. Every student will be required to wear, as long as he is within the Hospital, a suit of brown holland overalls, consisting of coat, trousers, and cap, which will be provided by the Asylums Board.

2. As far as the Hospital arrangements admit, three rooms shall be set apart for the students. The first, which the student reaches on entering the Hospital

(Room A), shall be a cloak room, in which he shall hang his outer clothing; the second room leading out of this (Room B) shall be a lavatory; the third (Room C), also in direct communication with the second, shall contain the Hospital suit, which the student shall put on, and then pass direct into the Hospital.

On leaving the Hospital, the student shall enter Room C and take off his Hospital suit. Then, passing into the lavatory, he shall wash and disinfect his hands and face; after which he shall go into Room A, resume his outer clothing, and at once quit the Hospital.

3. Every student shall keep his hair cut short, and satisfy the Medical Superintendent that he is sufficiently protected against Smallpox by vaccination or otherwise.

N.B.—The above Rules and Regulations shall apply, as far as may be practicable, to any qualified medical man who may be desirous of attending the course of study, and who shall obtain the consent of the Medical Superintendent of the Hospital at which he may elect to study.

Sport.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. CLAPHAM ROVERS.

This match was successfully played on the ground of the latter at Wandsworth Common, on Wednesday, 14th, and after a very fast and equal game ended in a win for the home club by two goals to one. The weather was all that could be desired by football players, and the ground, although soft on the top, offered a very fairly good footing. The Hospital having won the toss decided to play with wind for the first half-time, and the home team started the ball. The Meds. however soon got possession, and play for some time was in the home quarters, nothing was scored, Lawrence shooting wide of the post. The Rovers on taking the ball down the ground were ably met by our backs, and the play all through the first half was of a very give and take nature, and neither side had scored when half-time was reached. On changing over, and the Rovers now having the wind in their favour, pressed strongly, and scored from the foot of Keeley, and a little later they scored again. In the last ten minutes the hospital scored, after some good play between Lawrence and Francis, the latter having the last say, and succeeded in getting the ball through. Neither side scored again, and so the game ended as stated above, in a win for the home club by two goals to one. The weak part of the Hospital team was in the shooting of the forwards, who, on several occasions, were within an ace of scoring, but failed just at the critical moment, and until we improve in this respect, we shall never be the leading Hospital. The back division did their work very well, not tiring, but sticking to their work right to the very end.

TEAM:—H. N. Collier, goal; W. S. Frith and H. D. Packer, backs; A. M. Daniel, W. Poole and H. Hinton, half-backs; W. H. Fisher and H. Hewetson, right wing; G. Lawrence, centre; C. J. Francis and E. A. Prebble, left wing.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

ASSISTANTSHIPS.—Gentlemen desirous of taking an Assistantship should apply at the Medical Office without delay, as at the present time there are four vacant salaries ranging from £200 downwards. Two vacancies are for Welsh speaking assistants.

AN M.R.C.S. L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or South of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. WELLS, Guy's Hospital.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

BOOKS! BOOKS! WANTED—in good condition; cheap. Cornil and Ranvier. Path. Vol. II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

WANTED—Book containing Questions on Medicine, Surgery, Psychology, Surgical and Medical Anatomy, Hygiene, Medical Jurisprudence, and Toxicology, also Correct Notes of above subjects.—Apply Studens, c/o Mr. Grattan, 16, The Boro'.

AN OLD GUY'S MAN practising in one of the best suburbs in the North of London, desires a Resident Patient, either adult or child. Every consideration given and terms moderate. Very healthy neighbourhood and pretty surroundings.—Apply in first instance to Mr. Wells, Medical Office, Guy's, S.E.

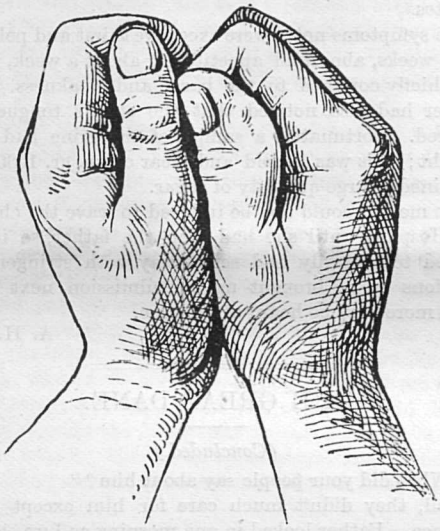
BOOKS WANTED, Cornil & Ranvier's Pathology, Vol. II. Part 2, Hillow's Rest & Pain, Ziegler's Pathology, Trive's Surgery.

INSTRUMENTS, BOOKS AND DRUGS.—For Sale. Liberal discount given. Complete lists can be inspected on application to Mr. WELLS, at Medical Office.

Guy's Hospital Gazette,

JANUARY 31, 1891.

CONSERVATIVE SURGERY.



The following rather bold attempt at conservative surgery having proved successful, may be of interest:—

On December 3rd a boy came into the surgery, with the terminal phalanx and nail of his right thumb apparently merely hanging to the metacarpal bone, by the skin on the palmar surface. It seemed as if the machine by which he was injured had caught the thumb from side to side, immediately below the base of the first phalanx to just below the base of the second phalanx, and crushed everything before it into a hopeless jelly, except the skin referred to.

Chloroform having been given, the injured parts were very carefully washed with lotio hydrarg perchlor. (1 in 1,000), and it was decided to attempt to preserve the nail and the portion of the terminal phalanx which remained. What was left of the tendons of the secundi internodii and the flexor longus pollicis was taken away; the base of the first phalanx made smooth and square, by means of bone forceps; the crushed base of the terminal phalanx removed; the skin on the dorsal surface trimmed; and then the remaining portion of the last phalanx, at the level of the uninjured nail, was brought into contact with the cut base of the first phalanx. The skin on the dorsal surface was brought together by four wire sutures, the palmar flap (?) trimmed as far as possible, and horse-hair drains put in; a splint applied, with dressings of iodoform and sal alembroth, and the hand and forearm kept quiet by means of an internal angular splint. The wound was dressed every two days, and in six weeks it had completely healed and firm union taken place. The boy has now a very useful thumb, which is capable of every movement, except that of complete flexion of what is both his first and terminal phalanx.

Mr. Toogood Hill was kind enough to make a sketch of the two thumbs for me.

FRANK COLCLOUGH.

A CASE OF PLACENTA PRÆVIA.

Mrs. W—, æt 40, sent for assistance January 10th, hæmorrhage having come on suddenly at 6.30 p.m. On arrival (7.0 p.m.) patient was pale and anæmic, with a small weak pulse 120 to the minute. The hæmorrhage was profuse, a large thick diaper and also the clothes of the patient being saturated. When examined the vagina was found full of clots, and there was only a slight oozing of blood increased by movement and coughing; assistance was sent for at once.

At 8 p.m. the vagina was cleared out, and the os could then be felt high up, of the size of half-a-crown, soft and dilating. The placenta also could be felt overlapping the os all round; it was detached from the right and part of the anterior margin of the os, and on pushing the finger up through the interval, the fœtal head could be felt presenting.

After an interval of an hour, during which time the hæmorrhage continued and the os had dilated sufficiently to admit the hand, internal version was begun, the head being too high up to be seized by forceps. Chloroform was not given. The membranes were ruptured at the beginning of the operation, and after some little delay the right foot was seized and brought down, the half breech being made to present. After this the hæmorrhage ceased and delivery was rapidly performed; the arms gave a little trouble from becoming extended above the head. The placenta came away with the next pain; it was much lacerated on one side from manipulations during the version. The uterus was then washed out with a hot

solution of Hyd. Perchlor. (1 in 4000) and contracted up well. The patient has since gone on well to recovery and given no further trouble; the child was stillborn.

Remarks.—The patient had advanced seven months in pregnancy, and had had two previous hæmorrhages, both of which were profuse, the first especially. They were checked by opium and absolute rest in bed. Patient had been up and about the day before the last occurrence of hæmorrhage.

The source of bleeding was undoubtedly from the right portion of the dilatable segment of the uterus, where the placenta at intervals became detached as the expansion of the uterus took place.

The symptoms of the case are fairly typical of placenta prævia, viz.:

(*a*) Hæmorrhage occurring on two previous occasions, profuse in amount, brought on suddenly by slight exertion, and subsiding under treatment.

(*b*) On examination, the os dilating and already of a fair size, and the placenta itself felt presenting.

(*c*) Cessation of the hæmorrhage as soon as the os was plugged by the half breech.

Space will not allow of discussion of treatment.

C. E. S.

NOTES FROM THE OUT-PATIENTS.

1.—THE TONGUE IN TYPHOID.

On January 9th, a boy aged about 17 presented himself, complaining of headache and malaise for six days. His temp. was 102·4, pulse 120, his spleen definitely enlarged, and his abdomen showed at least one characteristic rose spot. His tongue was broad, moist, and covered all over with yellowish brown fur. This contrasts strongly with the condition of the tongue most commonly met with—the well-known rather pointed tongue, with creamy-white fur on the dorsum and bright red tips and edges. In my own limited experience of typhoid, this condition of tongue in the first week has never been absent, and it generally affords a by no means invaluable confirmatory sign in diagnosis.

2.—DIABETES IN A GIRL OF THREE.

According to Fagge, Diabetes is rare in children under 5 years, and in the same place it is also mentioned that the youngest case seen by Dr. Pavy was an infant of 12 months.

On Jan. 9th, a child, of 3 years' old, was brought up for wasting, and because the family doctor said she had diabetes.

The symptoms noted were excessive thirst and polyuria for 6 weeks, abnormal appetite for about a week, wasting, chiefly confined to the back, and weakness. The mother had also noticed that the child's tongue was very red. Fortunately a sample of the urine had been brought; this was limpid and clear of sp. gr. 1030, and contained a large quantity of sugar.

The mother could not be induced to leave the child in the Hospital until she had seen the father, so it was treated temporarily and sent away with stringent injunctions to be brought up for admission next week, when more may be heard of the case.

A. H. P.

THE GREAT DANE.

(Concluded.)

"What did your people say about him?"

Well, they didn't much care for him except at a distance. Father looked in one morning as I was having breakfast, and Thor was lying in front of the fire. You know he is rather fond of dogs—went off with that Collie I got from Westmoreland last year—and I dare say he came to see whether Thor would make a good watch dog. He came in quite jauntily.

"Well, my boy, I've come to see this dog of yours; where is he? Oh!"

You see he didn't catch sight of him at once, but when he did he took up his position behind that arm-chair you are sitting on, and gave his opinion.

"Call that brute a dog! Well, upon my word I thought it was a donkey. Oh, he's a pup, is he? And got his last owner into trouble, did he? I can quite believe it of him. Well, my boy, he is a magnificent animal, I dare say, and it's a good start if you mean to sell your practice and set up a menagerie instead; but if you want to earn your living, my boy, take my advice and get rid of him directly. Do you think any lady would come to this house while he is roaming about? Why, he'll eat you out of house and home, let alone what you'll have to pay for damages to people. I have him as a watch dog? No, my boy; your old father can't afford that sort of luxury, let alone having to watch him myself. Why he'd frighten your mother to death."

As he was getting rather excited, I pointed out to him that any heated discussion was unadvisable, because Thor was beginning to take notice, and that probably meant that he was making up his mind which side he should take up in case of a row, and that I was not quite sure yet of being able to control him. Father left.

After a few days, when Thor had become more manageable, I took him down to the governor's place. The only bother I had on the way was with a lady's dog. They had warned me that if Thor didn't wag his tail when another dog met him in the street, it would be best to separate them at once. That's all very well if you happen to arrive in time, but before I could get hold of Thor he had knocked the lady's retriever over into the mud with a blow from his head. You can imagine the rest—lady calling me no gentlemen, etc.—whilst I was doing my best to prevent her dog being mangled in the mud.

When I got to the governor's I got some of the mud off me and took him into the sitting-room, where I found my brother and his wife and children. They made room, and Thor lay down quietly, and they were quite surprised what an influence I had over him, considering what a short time he had been mine. Well, only a few minutes afterwards one of my nephews jumped on to my lap and put his arms round my neck for a romp, but before you could say knife the dog knocked him off me on to the floor. So I took him down stairs, and my brother, who came with me, strongly advised me to get rid of him, especially as the first thing my lord did on getting outside the house was to make tracks for some colts in a field. He chased them round and round, but as he didn't seem to have any chance with them I didn't interfere.

Presently he came to the same conclusion and gave them up. As he was coming back to me he caught sight of old Jo, he's an old man as deaf as a post, who does odd jobs about the garden. It would have been rather awkward for the old man, only he happened to be facing the way the dog was coming, and he got away and locked himself up in a toolshed just in time. It took us some minutes to persuade him to come out, for he was under the impression that it was some wild animal, and the more we pulled at the door, the wilder his alarm became.

I thought it better after this to take Thor home in the brougham, but we couldn't unearth the coachman, as he also had apparently heard about the dog.

The next time I took him out I chose the early morning, because I thought there would not be many people about. We got on so well that after a time I let him loose; a dog like that is an awful strain on a fellow's arms. I repented it, however, for he was soon in full chase after a cat, which flew up the steps of a house which a servant girl was cleaning, and in at the front door. I followed as best I could, and was just in time to see the cat go over the garden wall at the back of the house. But no amount of shouting had any effect on Thor, who, finding himself at fault, came back through the house, upsetting the pail of water on the steps, and nearly doing the same to the terrified girl, and bolted round the corner to cut off the cat's retreat. As I hurried after him, I wished he might get lost, and never come back any more. When I found him again, he had got over his little excitement, and was quite docile again, but I thought it best to take the shortest way home, across the fields.

Well we hadn't got far before he began to cock his ears, and I found that what was now attracting him was a carpenter at work, planing some wood or something in the basement of an unfinished house. I suppose the man being in white had something to do with it, anyhow, the beggar got loose and trundled away in a bee-line for the house. I shouted as hard as I could and followed. I saw the man give one look; then he dropped everything and scampered up a ladder to the first floor. He was only just in time, as the next moment Thor gracefully cleared the fencing and leapt in at the front window. When I got there Thor was sniffing round and trying to find the way up, and the carpenter and the rest of the workmen were looking down through the hole in the ceiling. They looked like a group of monkeys, but they were very indignant. The question which I was getting used to was asked of me:—

"Do you call that brute a dog? I tell you what young feller, you'll be getting yourself into trouble if you don't mind, taking an animal about like that as you ain't strong enough to hold on to. Oh, he's muzzled, a jolly good job for you then, or you'd be had up for murder, I dare say."

However, I got home safely, and decided that the next time Thor went out it should be towards his late owner's, and that at my earliest convenience too. I can tell you it was getting too exciting to be quite healthy. The only other incident which occurred before I finally took him back was the effect on the tramp. I was in the hall putting on my coat, when I heard a knocking at the back door. I went and opened it, as I thought it might be some poor patient, but instead of that it was a sturdy tramp selling bootlaces. I ordered him off, and he cheeked me back, one of those pests who won't listen to anyone except a policeman, so after I had my say I watched him off. When he had got down to the garden, instead of going out at the gate he went down the steps to the kitchen door.

"Now get out, do you hear me?"

"All right my buck, I ain't deaf, but I don't see any harm in asking to see the lady of the house, and if I was you I should get inside, you might catch cold you know."

It only struck me then that Thor might be of use, so I slipped into the sitting room and got him out, he was asleep in front of the fire, but he soon saw that something was in the wind.

I guided him out at the back door as quietly as I could and leant over the stone banister. There was the tramp standing at ease and humming to himself till the door should be opened. The dog leaned over too, and gave one of his remarkable sniffs. The man looked up, and I shall never forget the sudden change which came over his face. He went as white as a sheet, and shook all over. "O my lord! what a brute!" and then, keeping his eyes fixed on the dog, he carefully began his retreat up the steps backwards. "Oh my dear gentle-

man, 'old him tight. O my lord! No, sir, I won't come again. No fear. Oh! do 'old him tight."

Thor was straining, and I had a good deal to do to hang on to him, but that man never took his eyes off him until he had carefully closed the gate, and had got half way down the street. I went inside and looked out of the front window, and saw him some way off, mopping his forehead and telling a friend apparently about his adventure, as they both looked up at the house occasionally.

I dare say, if I had had Thor longer under my care, I should have been able to train him to deal scientifically with tramps, like a dog I knew who used to lie in wait for them, and when one came into the yard he used to creep up stealthily behind him, and fix him by some convenient part of his clothes, and then he pushed him to the back door, waited until he had had an answer, and then piloted him back to the yard door. Of course, if the tramp remonstrated with the servant, he was told to keep quite quiet, or else the dog would become unmanageable.

Oh! I forgot all about the German band. You see, we have German bands so often about here, that I have quite given up trying to get rid of them. One afternoon, as I was going out, I noticed that Thor seemed restless, but didn't put it down to the band until I happened to open the door, when Thor rushed past me, and before I could interfere, he had jambed his head up the big trumpet, which must have been his chief annoyance. The music stopped and a crowd collected, and it took some time to separate them. The German wanted something like ten shillings for damage to trombone, but the feeling of the meeting was with the dog. We haven't had any German bands for some time past.

At last I started off on my "return of the prodigal" journey. Our way lay past the polo grounds, where I stood a few minutes to watch the play. I had Thor in a leathern leash, but he was getting rather cunning by this time. He leant forward so as to put it on the stretch, and then—snap—and off went my friend after the ponies. The fellows who were playing knew pretty well what to do, for, instead of riding about, which, of course, might have led to some of them being upset, they all reined in and headed towards the dog. Then one of them rode over to me and said, "We should be much obliged, sir, if you would kindly call your dog off. He's a magnificent brute, but we want to play, and we can't begin while he's on the ground. Oh, yes! I quite understand. I keep a great Dane myself."

I hardly thought that anything else could happen before I could get him home, but I reckoned without his antecedents. I was just getting to the top of the hill, when I heard steps rapidly approaching, and someone very much out of breath calling to me to stop. It was a man very much out of breath. "Here! I want your name." "What for?" "Oh! I'll soon shew you what for. I want your name and address. I mean to have the law on you. That's your dog, isn't it? Well I know the brute too. And you don't live far from hereabouts, I know, only you've been keepin' the brute shut up lately. It's just three weeks ago too my little boy was standing at the garden gate, and that brute of a dog came up, and without the boy having done anything, knocked him down flat with a blow of his ugly head, and the boy isn't rid of his bruises yet."

Of course, I could guess what had happened, but I did't want to get my friends into a fresh row, so I was obliged to prevaricate, all the more readily, as I had quite made up my mind that this was the last humiliation that Thor should ever put me to. "I think, my good man, that you must be mistaken. There are a good many dogs like this about." "Oh! I dare say there are, but I'll swear to this one, big, ugly brute!" "My dear fellow, just take the trouble to read the name and address on the collar. I can assure you I don't live in this neighbourhood, and I have never been here with the dog before." The man used some very flowery expressions in declining to touch the dog, so I just said, "Thor, lie down!" "Turn over, good lad." "There, now, read for yourself." A look of disappointment crept over the man's face as he read out my name and address, and I really felt like a sneak when he humbly apologised, and said he was very sorry. He certainly did think that was the dog, only he was much better behaved than the other one. We parted, and I was obliged to make a long *detour* to put him off the scent, and it was after dark when I finally handed him over to his late master, and as I lighted my pipe and walked home, I realized the Ancient Mariner's feelings when the albatross fell off his chest.

You would like to publish it, would you? Well, keep my name dark. I should send it to *Tit Bits*, if I were you. You might get a guinea. Oh, no, don't send it to the GAZETTE. They will cramp it to such an extent that it will look like a paragraph out of the Encyclopedia.

F. H.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—The GUY'S GAZETTE is not, as a rule, renowned for humour, but its last issue certainly contained an amusing contribution; a letter from a lady, who signs herself, with how much truth we can but conjecture, "one of the mentally inferior."

Let her not be exercised in her mind in consequence of G. M.'s sneers, which were indeed sufficiently weak, let her rest assured that the mental inferiority of average women to average men is a point which no gentleman would insist upon.

Let her rather remember that as far as equality and competition is concerned, it is not the want of intellect, but the fatal attributes of (Miss) Mentally Inferior that put her out of court. Two of these are well shown in (Miss) Mentally Inferior's letter, namely, curiosity and sweet unreasonableness; and, a third, the power to

charm and attract, is no doubt in her hands, a stronger weapon than the pen.

Now the curiosity of women is one of their weakest points, it leads them on—from talking scandal with their tea-cake, to crowding the Old Bailey at a criminal trial.

And yet how delightful the artless curiosity of (Miss) Mentally Inferior is! She is sure G. M. "must have been having a bad quarter-of-an-hour with some one (I wonder who?), when he wrote his remarks."

That "I wonder who?" how typically feminine! Surely it is the keynote of the whole question. (Miss) Mentally Inferior is a woman, and the side issue is too much for her, and I am open to bet her a pair of gloves (which she can have on application, if I be wrong, to the Editor of this Paper), that the identity of G. M. and G. M.'s lady friend are of more interest to her than any silly arguments in G. M.'s letter. And then the sweet unreasonableness! "That wretched creature, Adam" (tut! tut! what a way to speak of one's ancestors), is so cuttingly referred to, all because the poor fellow was the victim of a calamity now historic, the origin of which is summed up in the expression "cherchez la femme." "Cherchez la femme" is true of a good many calamities since Adam's time.

(Miss) Mentally Inferior, writing to a "Students' Journal," says, that women have every right to talk about dress when we talk of "our guns and hunters, and such like stupid subjects."

So they have, so they have, only we, as medical students, don't talk of these things, because we are not blessed with a superabundance of such luxuries.

(Mr.) G. M. is worldly-wise, and has evidently touched our lady friend on her weakest point, for "she has no patience to go on." How transparent is this lady! And yet, if she had the same insight into our ways, she would surely know that most of our conversation is horrid "Shop," on all things medical, from cirrhosis of the liver to a crick in the neck.

And yet more sweet unreasonableness; she asks G. M., just to oblige her, "to re-visit the earth two centuries hence," as a bogie man, which he, being a gentleman, will be very happy to do if his chain is not too heavy, and *then* to write his impressions on women and their capacities.

What progress he will see! Amazons in the Guards, and viragos in wig and gown; medical students hunting three days a week, and the Editor of the GAZETTE producing the ghost's impressions in his paper, through the medium of "our special correspondent with the shades."

But I am afraid the Styx must be frozen over before such things be; in the meanwhile let (Miss) Mentally Inferior not be in a hurry to rush into print; let her not be in a hurry to show the world—the GAZETTE world—her little puns anent "ghosts with angelic tempers;" let her produce something better than this, or we may be constrained to think that there may be something of a lurking truth in her would-be sarcastic *nomme de plume*.

—Yours, &c.,

MENTALLY INFERIOR, BUT NOT A WOMAN.

"IS WOMAN MENTALLY INFERIOR TO MAN?"

SIR,—It appears to me that in order to avoid the semblance of a defeat, I must further explain the grounds on which I based the article referred to by your correspondents "F. G. H." and "One of the Mentally Inferior," in the last number of the GAZETTE.

Both your correspondents try to explain away the anatomical differences between a man's and a woman's brain. Allow me to quote Sir J. Crichton Browne, who states that, as a result of many observations he has made upon the subject, he finds that not only is the grey matter, or cortex, of the female brain shallower than that of the male, but also receives less than a proportional supply of blood; and he also adds that these differences date from an embryonic period of life. These differences cannot be construed even by the "Mentally Inferior One" to bear any direct relationship to the difference in body weight, and I think F. G. H. will agree with me that they cannot be accounted for by the educational advantages which he says have been till latterly the monopoly of the sterner sex.

"F. G. H." challenges my statement that woman is decidedly inferior in concentration and self-control. I argue that a highly cultured woman is, as a rule, one who has read widely, but superficially, and in the instances he could quote of extraordinary female application and concentration of thought, he would find a very long distance between them and the much more numerous instances of profound learning among men. Women by thousands have enjoyed a better education and social position than Burns or Faraday, and yet they have never come to the fore.

The "Mentally Inferior One" whom I will not honour by calling a Miss or a Mrs., for to tell the truth I doubt its existence as a member of the tender sex, recalls to my mind a nursery rhyme it may perhaps have lately learnt

He you know was *Jacky*,
She you know was *Kit*,
And then there came the baby boy
Whom everybody called *It*.

The last two lines my inferior friend would do well to digest, for there is no doubt that baby-like, it has not appreciated the want of bias in my article, has not estimated my loyal veneration and respect for woman at its right value, but has filled a column of your valuable journal with matter which may appear to it to be highly convincing, but which appears to me to be very much beside the mark. It appears to think that I depreciate the further educational culture of women. I certainly deny this: woman is far too precious an inheritance bequeathed to us by past influences to be lightly tampered with, and the dread that any change in the conditions of this inheritance should lead to its desecration has made us conservative in our opinions. Yet, although I hope that man will ever raise his voice against all movements which endeavour to set up an unnatural rivalry between man and woman in the

struggles of pactical life, I further hope with all my heart that the whole world will view the subject of higher education of woman as a great benefit to society in general and woman in particular, and I think with Mrs. Fawcett, that the social status of woman should be such as to foster any gift for art, literature, learning or goodness with which she is endowed, and I would advise "Mentally Inferior" to commit these lines of Tennyson to heart—

"Then let her make herself her own
To give or keep, to live and learn to be
All that not harms distinctive womanhood.
For woman is not undevelopt man,
But diverse: could we make her as the man,
Sweet love were slain: his dearest bond is this,
Not like to like, but like in difference.

Yet in the long years liker must they grow;
The man be more of woman, she of man;
He gain in sweetness and in moral height,
Nor lose the wrestling thews that throw the world;
She mental breadth, nor fail in childward care,
Nor lose the child-like in the larger mind;
Till at the last she set herself to man,
Like perfect music unto noble words."

G. M.

GUY'S HOSPITAL TRAINED NURSES' INSTITUTION.

REPORT FOR 1890.

The sixth annual report of this institution has been received. The number of applications for the services of nurses was 827, but of these it was possible to meet only 470. There is, therefore, a demand for more nurses to meet the requirements of the public. It is the rule of the institution to enrol those nurses only who have been trained at Guy's Hospital, of whose character and fitness there can be no question. Two of the 47 nurses attached to the home have been appointed to attend to cases connected with the lying-in department of Guy's Hospital at the sole cost of this institution. They are thus brought into contact with the very poorest class in the south-east of London, they distribute baby-linen kindly supplied by subscribers, and they not only discharge the duties of nurse, but undertake some domestic duties besides whilst the mother is laid up.

The financial result of the year appears highly satisfactory. The total earnings of the nurses is £3,105. Of this sum, £380 have been paid to Guy's Hospital for the board and uniform of 12 probationers, and the charge of £100 hitherto made for the use of extra nurses for emergencies has been withdrawn. The hospital has therefore benefited by the institution to the extent of nearly £500. A donation of £25 has also been made to the Samaritan fund. Liberal salaries have been paid to the nurses according to a fixed scale, and the institution has pledged itself to pay regularly half the premiums of those nurses who are subscribers to the Royal National Pension Fund, so long as they are attached to the home.

After payment of these and other expenses as set forth in the balance sheet, there is a balance of £1,046 to the credit of the institution at the London and County Bank. As the present house, No. 12, St. Thomas' Street, is far too small for the requirements of the institution, arrangements are in progress for taking an adjoining house from Lady-day next.

BALANCE SHEET FOR 1890.

Dr.	£	s.	d.
To Balance from last account...	692	13	9
„ Fees received for Nurses' Services ...	3,105	12	6
„ Payment by Guy's Hospital for Services of Probationers for 1889	100	0	0
	£3,898	6	3

Cr.	£	s.	d.	£	s.	d.
By Housekeeping	233	14	0			
„ Stationery and Advertising ...	90	14	6			
„ Telegrams, Stamps & Travelling	37	6	1			
„ Laundress	82	8	3			
„ Salaries	1,243	3	5			
„ Uniforms	175	6	10			
„ Rent, Rates and Taxes ...	131	16	6			
„ Furniture and Repairs ...	85	17	0			
„ Board and Uniform of 12 Probationers at Guy's Hospital	380	0	0			
„ Sundries—Dispensary, Pension Fund, &c.	121	8	4			
				2,581	14	11
„ Housekeeping at Grove Park Convalescent Home ...	133	12	3			
„ Rent, Rates and Taxes ...	90	5	3			
„ Salaries and Wages	46	0	0			
				269	17	6
				2,851	12	5
„ Balance forward—						
Balance at Bank	1,027	16	1			
Petty Cash	18	17	9			
				1,046	13	10
				£3,898	6	3

I have examined the above accounts with vouchers, and found the same to be correct.

London, January 5th, 1891. H. B. BRIGGS, Auditor.

APPOINTMENTS.

CRESSY, GEORGE J., L.R.C.P., L.R.C.S. Irel., has been appointed Medical Officer of Health for the Warsop Urban Sanitary District of the Mansfield Union.

EVERSHED, ARTHUR, M.R.C.P. Lond., M.R.C.S., has been appointed Medical Adviser to the North London Railway Company.

SCOTT, R. J. H., F.R.C.S. Edin., M.R.C.S., has been appointed Surgeon to the Royal United Hospital, Bath.

SKINNER, E. W., M.B., C.M. Edin., has been appointed for the No. 3 District of the Rye Union,

Passim.

WE have very great pleasure in announcing that Sir William Cameron Gull, Bart., the son of Sir William Withey Gull, our late Senior Consulting Physician, has founded a **Gull Studentship in Pathology,** at our Medical School, to commemorate the long and intimate connection of his father with Guy's Hospital, and to associate his name with the advancement of one of his favorite studies.

THE exact terms of the trust deed have still to be settled, but in the meanwhile, we are authorized to state that the yearly income of the Studentship will be about £125, with a further allowance of £25 for apparatus. The student will be required to carry on his original investigations in Pathology in one of our laboratories. The appointment will be tenable for three years, with possibility of a renewal for two more years. The student will not be selected by examination, and we understand that though preference will be given to suitable candidates from our own school, open competition will be invited.

WE venture to remind our readers that there is a smoking concert in the College at 8 o'clock this evening. Men are requested to be in their seats as punctually as possible, as the programme (which, by the way, may be obtained of the hon. sec. for the humble sum of one penny) is rather a long one, and all lights must be turned out at eleven.

As yet we have received only one response to our pathetic appeal to the musical public for a "national anthem" for Guy's. We presume it was meant for sarcasm, as the poem (*sic*) made some allusion to the fifth of November, and the music (!) was a sweet medley which reminded us of "The Song that Reached my Heart," with snatches of "Little Annie Rooney" thrown in for variety, But we still live and hope for better things.

OUR congratulations are hereby conveyed to Mr. H. V. Hickman, who has been appointed Ophthalmic Assistant at Guy's, with an honorarium of £50 per annum. The object of this new appointment is chiefly to give help in dealing with the refraction cases at the eye out-patient department.

OWING to the chaotic state of the present mode of examination, and the difficulty in finding out who has passed what, in the final Conjoint, we are compelled to reserve the publication of the names of successful candidates until the official returns have been received.

From our worthy contemporary *The Star* :—

Professor A., of Cambridge, has been credited with a clever *bon-mot*. He has recently had a very severe illness, during which he was attended by a local physician whose pet disease is gout, a malady with which he credits most of his patients. "What does Dr. B. say is the matter with me?" asked the Professor, on recovery from a long unconsciousness.

"He says it is gout," whispered his anxious wife.

"Chacun a son goût," returned the invalid smiling faintly.

WE would draw the attention of our readers to the list of "*Recent Publications*" in another column. Mr. Grattan has kindly arranged to provide us with particulars of the most important medical and scientific works recently published, having prices affixed. We think that this will be much appreciated, especially by country subscribers.

THE Lecture season at the College of Surgeons will begin next month. The first three will be delivered by Mr. Bland Sutton, on "The value of Comparative Pathology to Philosophical Surgery." Dates: February 9th, 11th, and 13th. Time: 5 p.m.

THE MENTAL SUPERIORITY OF WOMAN.

In view of the present debate upon this subject, our Special Commissioner has interviewed a member of the opposite sex, and writes thus :—"I sat on the table, and she stood: this, she said, at once showed her mental inferiority, for, as there wasn't a chair handy, she ought to have thought of the table before I did.

"'What do I think of the article by "G. M."? Why, I think he is quite right in many things. I disagree with him when he says woman is pre-eminent in affection, self-denial, sympathy and modesty. She is nothing of the sort; and as to the religious feeling, isn't it rather exaggerated hysteria. I won't discuss Adam and the garden, but I notice "G. M." doesn't say how large that garden was. As to originality, women never invent—at least, very seldom, and then more often than not they are found out, because they can't stick to what they have invented. I don't know if by tenacity of purpose "G. M." means obstinacy, but I think most women are obstinate; at least I am, I know. I quite agree that our great treasure is our womanliness, but even that is fading fast nowadays. I think the average girl of the present day who pretends to deep knowledge is a fraud, and should be regarded as a snare and a delusion.'"

Our Commissioner, not liking the heated tone his lady correspondent was adopting, hastily said "Good afternoon," and she was left in possession. Our Commissioner says he felt very inferior.

PASS LIST.

FIRST CONJOINT EXAMINATION.

CHEMISTRY & PHYSICS.

H. Pern.

MATERIA MEDICA AND PHARMACY.

J. G. B. Coleman.	P. P. Hacquoil.
H. W. Collier.	J. A. Howard.
A. B. Creak.	R. G. James.
F. H. Edwards.	J. B. Leathes.
J. G. V. Every-Clayton.	F. G. M. Philps.

ELEMENTARY ANATOMY AND PHYSIOLOGY.

J. W. Ensor.	B. P. O'Neill.
H. M. Nicholls.	A. A. Price.
C. A. C. Salmon.	A. S. Turner.

SECOND CONJOINT EXAMINATION.

ANATOMY AND PHYSIOLOGY.

C. E. Carpmael.	C. H. Harding.
A. H. Trevor.	J. B. Winter.

ANATOMY ONLY

A. Alexander.	J. J. Culmer.
W. J. Burroughs.	G. E. Lockyer.

PHYSIOLOGY ONLY.

J. H. Bettington.	J. W. Culmer.
J. G. B. Coleman.	E. E. S. Silver.
A. B. Creak.	G. H. Steele.

E. S. Tuck.

Physical Society.

A meeting of the Physical Society was held on Saturday night last, when Mr. Hopkins, B.Sc., took the chair.

Mr. Daldy read a Paper on "Cold as a Cause of Disease, and Ice as a Therapeutic Agent," an abstract of which is given below.

There is undoubtedly a foundation of truth in the importance which the Public ascribe to cold as a cause of disease; and, though a chill is a sufficient excuse for the appearance of anything, from apoplexy to actinomycosis, a revulsion from such a method of accounting for disease must not lead a medical man to minimise the importance of exposure to cold. The late frost began on December 15th, and continued (more or less) till January 20th; the mortality from diseases of the respiratory organs during successive weeks of the frost was 752, 806, 927, 991, 1,018, the normal average being 604 per week. Bronchitis accounts for 16 per cent. of the mortality of London, carrying off more victims than any other disease.

An inquiry into the mode in which cold acts when causing disease is met by many difficulties, owing to our lack of physiological knowledge; we do not know why certain organs are exempt, certain organs susceptible to its morbid action; we are quite unable to prognosticate the effect of exposure to a chill or to getting wet through in anyone; we can only speak, after the effect has been produced, of a locus minoris resistentiæ. Two kinds of derangements only are produced in this way: one, congestion and inflammation, the other functional nervous derangement. Tetanus and paralysis agitans are caused by exposure to cold, so are nephritis, myelitis and rheumatism. The inflammatory diseases are (1) Those produced by direct exposure of the affected part, such as neuralgia and chilblains; (2) Those inflammations of more deeply situated organs, such as the spinal cord and kidney, from exposure of the cutaneous surface to refrigeration. In producing the first of these, cold acts as an ordinary irritant; but from a consideration of the fact that rheumatism, acute nephritis, and acute myelitis are diseases, the course of which is marked by exacerbations and diminutions, it seems that some other cause must be in action, because for an inflammation to continue its cause must continue to act, much more is this the case when it increases long after the patient is removed from the influence of cold.

The part which cold plays then in the etiology of disease is identical with its action in the causation of pneumonia. The sputum of pneumonia was injected into the tracheæ of several animals without result; but of eight animals exposed to cold before and after the endotracheal injection six died of pneumonia. Cold is the exciting cause of a condition under which *the* exciting cause of a disease can come into action. From a historical point of view the diseases of cold fall into three groups: (1), those such as phthisis and the specific fevers, as to the etiology of which discussion has now

ceased; (2), those which are still almost universally allowed to be caused by exposure to cold such as acute rheumatism and acute nephritis; and (3), pneumonia, diphtheria and others, which are still under discussion. The putting of all of these into the first group is simply a matter of time. Till this has occurred, exposure to cold will be our etiological scapegoat, satisfying an inquiring public, but checking the scientific spirit of investigation. Hæmorrhage, inflammation, fever, pain, and some nervous disorders call for the exhibition of ice as a therapeutic agent.

In superficial inflammations ice is most useful, so long as a possibility of the termination by resolution remains. In inflammation of deep structures the value of the superficial application of ice is much discussed. The icebag in pneumonia was introduced and strongly advocated by Dr. Lees. A paper was written on the subject in our Reports by Dr. Goodhart. Its value was denied by an old practitioner in the *Lancet*, and a letter also appeared, stating that the treatment had been tried, criticised, and discontinued in Vienna in 1867.

An analysis of 42 cases of pneumonia treated by the ice-bag, taken from the medical reports of Guy's Hospital, showed that no result followed the application in 11; in 11 the temperature fell from 103° or 104° to about 100° in from 6 to 18 hours, and then rose again, though not to so high a point as previously, and kept up uninfluenced by the ice-bag, till the occurrence of crisis; in 9 the temperature was reduced in a few hours to normal, and kept about normal subsequently. Apparently crisis occurred almost immediately after the application of the ice-bag; but in one of these cases the treatment began on the 2nd; in two on the 5th day of the disease; in four cases the ice-bag was removed after it had reduced the temperature to normal. This quickly rose to its previous point, to be again lowered on re-application of the ice.

In three cases the temperature was reduced from about 103° to below 100°, and kept at this point till crisis occurred. Collapse was induced in four subjects, in one of which—a feeble, ill-nourished man of 18—the ice-bag seems to have caused death by syncope. No arrest or acceleration of the extension of the inflammation seemed to have been caused by the local application. Hence one acquiesces in Dr. Goodhart's statement that the ice-bag is not *the* treatment for pneumonia, but one worthy of trial; but Dr. Lees' view that it exercised a distinctly curative influence cannot be endorsed.

Mr. WOHLMANN congratulated Mr. Daldy on writing a paper which avoided, on the one hand, the error of being above the heads of his audience, and, on the other hand, the fault of triteness. He expected that Mr. Daldy had treated his own manuscript as the Editor of the GAZETTE might treat that of a verbose contributor; they would like to have heard what he had written on many of the points passed over. With regard to the effects of the ice-bag, the time-factor was important; a short application might be followed by a reaction, while too long use was depressant.

Mr. T. R. TAYLOR suggested that the reader of the paper had been too hasty in denying that cold might be the immediate cause of *e.g.* peritonitis. Dr. Galabin in his "pregnant little book" had insisted on the development of peritonitis through endometritis and salpingitis which might originate through cold. He urged that temperature was so important a factor in vital phenomena that cold might well be a true cause of disease. The human body is not so far removed in its phenomena from the plants, in which the effects of temperature are so important and direct. There was one question on which he would much like information, that, namely, of the effects of damp beds. He had been thinking over the problem lately, but had been quite unable to solve it. Were they to look upon the bed clothes as so very hydroscopic that contact with the water they held could depress the body temperature sufficiently to produce the well known effects? He hoped Mr. Daldy would be able to tell them something on this subject.

Mr. HAMILTON thought the last speaker had forgotten the effect of the very high specific heat of water when discussing the damp sheet question. With regard to the relation of cold to lung trouble, he thought it important to remember that pneumonia was basal. Since the bases of the lungs are in such close relation to the liver, and therefore certainly protected from any lowering of temperature, it would seem unlikely that cold was an important factor in originating this disease. Phthisis, on the other hand, originating in the apices would be more likely to be affected by questions of temperature.

Mr. GUY MACKESON did not think the last speaker could be right about the relations of phthisis and cold, else why did patients benefit from the bright, cold atmosphere of, say, the Swiss health resorts. Mr. Daldy had divided all the lesions caused by cold into (1) congestion and inflammation, and (2) functional nervous disorders, but he thought there was another disease which was not comprised under either of these headings: he alluded to progressive muscular atrophy. The speaker instanced three cases of such atrophy; one of a man in the habit of placing his hands in ice-cold water to alleviate sweating, another of atrophy following prolonged work in snow, and a third where a patient had to stand in ice-cold water. He instanced the case of a well-known cricketer who, though he had been accustomed for years to lie upon damp grass with impunity, did so recently against the advice of a friend, and in a week's time was dead from pneumonia. This case would perfectly accord with Mr. Daldy's position; lowered vitality and an organism are both necessary, it may be, to produce the disease. So long as the vitality was sufficient to resist the effects of exposure the organism was powerless, while on any given occasion where the system was below par, both factors were present, and the disease gained a hold. The speaker went on to discuss the evil effects of alcohol during exposure to cold, the vascular dilatation permitting great loss of heat. With regard to the ice-bag, he instanced a case of Dr. Hale-White's, where, in acute nephritis,

the albumen and blood had disappeared after application of ice to the lumbar region. Mr. Daldy had originated and ably supported a theory, and they might, in the near future, come to hear of a "Bacillus Daldii."

Mr. SHARPE deprecated the chaotic condition of contradictory facts and opinions to be found in books on therapeutics, and strongly recommended a bonfire of them in the College quadrangle. He recounted his own experience of the exhalation of perspiration in the night season when he put a mackintosh on his bed, and found in the morning that the under surface of it was quite moist.

Mr. TURNER asked whether an ice-bag applied to the skin produced anæmia or hyperæmia of the underlying organs; he also desired to know the value of ice in head injuries.

Mr. DALDY, replying, said there could be no two causes for such a disease as phthisis; either it was the bacillus which was constantly present, or cold which was not always there; and the same argument applied to pneumonia. He again declared that peritonitis could not be caused by cold, and he was glad to say he was upheld in his belief by Dr. Fagge, and he must therefore disagree with Mr. Taylor, who, by a somewhat tortuous line of argument, had tried to prove it could. The question of damp beds was one which had puzzled him greatly, and he was afraid he would have to still further continue his researches before answering that question. Mr. Taylor's argument that all diseases were really the outcome of one disease, and that that disease was caused by cold, was truly ingenious, but needed further substantiation. That progressive muscular atrophy was caused by cold he acknowledged, and it certainly could not be classed under either of his headings. He could not see how the ice-bag had benefited the case of hæmaturia. Could cold affect the kidney by passing through the three inches of intervening fat, muscle, etc.?

Mr. GILL proposed and Mr. WAKEFIELD seconded a vote of thanks to Mr. Daldy for his paper, which was enthusiastically carried.

The meeting of the Physical Society will take place on Saturday, February 7th, when a debate will be held, at which Mr. F. W. Hall will move, "That the medical degree of the University of London as it now stands is satisfactory, and that any lowering of the standard is unadvisable and detrimental to the best interests of the medical profession." Mr. G. Mackeson will oppose the motion.

THE TREASURER'S PRIZE.

A prize of £5 is offered annually by the Treasurer. The subject of the essay for the ensuing season is "Inflammation."

CONDITIONS.

1. The prize is open to every member of the Society who has not exceeded his sixth year.

2. The papers must be delivered to the Honorary Secretaries by the 15th February, 1891.

3. Each Essay must be distinguished by a motto or device, and accompanied by a sealed note, inscribed with the motto or device, and containing the author's name.

4. The Essays of the unsuccessful candidates will be returned on application to the Librarian, with the notes that accompany them unopened.

5. The Prize Essay will be read and discussed on the last meeting of the Society on March 21st.

EXAMINATION PAPERS.

INTERMEDIATE M.B. LONDON.

Anatomy.—1. Give the origin, course, relations, connexions, and distribution of the hypoglossal nerve and its branches. 2. Give, in detail, the steps of the dissection by which you would completely expose the anterior interosseous artery and its branches. 3. Describe the attachments and structure of the lesser omentum. Give its relations and the position of the parts between its layers. How is the lesser omentum affected by alterations in position of the contiguous viscera? 4. Describe the course, relations, branches, and anastomoses of the profunda-femoris artery.

Anatomy.—1. Describe the course, distribution, and branches of the cerebral arteries. 2. Describe the scrotum and the structures contained therein in the order that they would be met with in a dissection. (A naked-eye description only is required.) 3. Give a description of the median nerve, to include its spinal source, peculiarities of structure, and its cutaneous and muscular distribution. 4. Describe the different ligaments attached to the fibula, giving the attachments and immediate relations of each. Specify, in the case of each ligament, in what position of the limb it is made tense.

Physiology and Histology.—1. Give curves showing the variations in pressure which occur in the left auricle and in the left ventricle of the heart during a cardiac cycle. State how the curves are obtained, and the meaning of the various parts. 2. Describe the microscopic structure of the pyloric end of the stomach. What are the chief conditions which influence the rate of secretion from the pyloric glands? What is the nature of the fluid secreted by them? 3. Give an account of the variations in the amount of glycogen in the liver which can be produced by variations in the amount and character of the food. What becomes of the glycogen formed by the liver? 4. What evidence is there that heat is produced in the muscles? Draw up a table showing the income and expenditure of heat in the body. 5. How would you determine the rate of conduction of nervous impulses in motor and in sensory nerves respectively? What is meant by the expressions "reaction time" and "reduced reflex time?" 6. Describe the structure of the olfactory mucous membrane. With what parts of the brain is the olfactory organ in nervous connection? How is this connection established in the embryo?

Organic Chemistry.—1. How is it ascertained that common sugar contains oxygen as well as carbon and

hydrogen? Describe exactly the mode of determining the composition of sugar quantitatively. 2. Give the necessary directions for the preparation of anhydrous alcohol from sugar. State the reasons for supposing that alcohol has the constitution represented by the formula $CH_3.CH_2.OH$. 3. What are the characteristic differences (*a*) between hydrocarbons such as are present in petroleum and the hydrocarbon in benzene; and (*b*) between acetic and benzoic acids? 4. Describe the action of the following agents and conditions on urea:—(*a*) Heat alone; (*b*) Nitrous acid in aqueous solution; (*c*) Water at 150°. 5. Salicylic acid is manufactured from a natural source and by a purely chemical process; describe both of these. In the latter process, what other products are liable to be formed? Express, by formulæ, their relation to salicylic acid. 6. Explain the meaning of the following statements regarding cinchonine and quinine:—(*a*) they are tertiary bases; (*b*) diacid; (*c*) they contain one hydroxyl group; (*d*) quinine contains a methoxyl group. How are these facts established?

Materia Medica and Pharmaceutical Chemistry.—1. Enumerate the compounds of Magnesium in the Pharmacopœia. Show how they are prepared. Describe and explain the preparation of Liquor Magnesii Carbonatis. What are the actions of Magnesium Compounds? 2. Describe the different methods of preparing Extracts employed in the Pharmacopœia. Give examples. 3. Give the actions and doses of the following salts:—Bitartrate, Bromide, Chlorate, Permanganate of Potassium; Arseniate, Phosphate, Salicylate, Sulphate, Sulphocarbolate of Sodium. 4. Describe the parts of the Belladonna plant employed medicinally, and enumerate their preparations. Give an account of the physiological actions of this drug. 5. Give the composition of the following:—Decoctum Aloes Compoistum, Injectio Morphinæ Hypodermica, Mistura Ferri Composita, Pilula Colocynthidis Composita, Pulvis Antimonialis, Pulvis Cretæ Aromaticus, Spiritus Ammoniæ Aromaticus, Suppositoria Plumbi Composita, Tinctura Camphoræ Composita, Tinctura Cardimomi Composita. 6. Discuss the modes of action of Diuretics, and classify accordingly the official drugs possessing diuretic properties.

THE LIBRARY.

The following books have recently been added to the Library:—

Presentations.

By Professor Humphry—
- The Human Skeleton.
- Observations on Myology.
- The Human Foot and the Human Hand.
- Old Age.

By the Author—
- Mercier's Sanity and Insanity.

By the Leigh Browne Trustees—
- Dolan's Pasteur and Rabies.

By the Publishers—
- Buxton's Ophthalmic Hints.

Purchased by the Hospital.
- Obersteiner & Hill's Central Nervous System.
- Bristowe's Medicine (latest edition).
- Quain's Anatomy (Parts i. and ii.).
- Hamilton's Pathology.
- Ringer's Therapeutics (latest edition).
- The Extra Pharmacopœia (latest edition).
- Addendum to the British Pharmacopœia, 1890.
- Halliburton's Physiological Chemistry.

Dr. S. Wilks has also presented a collection of books, including "The Proceedings of the Royal Philosophical Society" for the last twenty-two years, a valuable and much desired addition to the Library.

CONSULTING-ROOM INCIDENTS.

Mrs. M. comes conplaining of fearful sickness, and 'feeling bad' generally. Questioned as to diet, she replies, "It's nothing I've taken, doctor. A friend sent me a goose, and I boiled it yesterday, and had a basin of the broth for my dinner. Since then I haven't been able to eat a mite. I couldn't eat a bit of goose even, for I'd taken the broth out while it was boiling, to keep me going, as I hadn't had much breakfast." We told her boiling goose-oil wasn't a usual article of diet, and probably accounted for her symptoms, at which she seemed very indignant.

Another woman came, complaining of lack of appetite. We may remark that she was exceedingly robust in appearance. On being questioned as to what she had eaten that day, she said, "Nothing, or next to nothing." She was then asked to say what she had had the day before, beginning with breakfast. She answered glibly enough, in catalogue form, being very anxious to make her woes known. "Well, sir," she began, "for my breakfast I only had an egg, and a slice of bacon, and a round of buttered toast, and half a muffin, that Mary Ann left the day before. And about eleven o'clock, feeling rather sinking, with having made so poor a breakfast, you see, I took a pint of porter and a bite of bread and cheese. I had some roast pork for dinner, and a slice or two of jam pudding. And then, at tea time, I thought a few shrimps would tempt me, with a few spring onions——"

"That'll do, my good woman." Then to dispenser: "M.M. cum M.S."

The following odd physiological mistakes came under our notice lately, and were both made by people of education. "Men ought not to drink much," asserted a gentleman, "for the *scrotum* can't contain more than a certain amount, from its size, so the urine would have to go about in all sorts of wrong places, which must cause injury." We found, on inquiry, that this gentleman understood there was a bladder, but imagined that the urine passed from thence into the scrotum before ejection.

In another case an enema was ordered, the patient saying he knew all about how to use enemas. Next day patient said it wouldn't go in, and we ascertained that he had been applying the syringe to the *navel*, thereby causing much discomfort. ZETA.

RECENT PUBLICATIONS.

Allan's Aids to Sanitary Science. Parts 1 and 2. 12mo., each 2/-

Braithwaite's Retrospect of Medicine. Vol. 102. July to December, 1890. 12mo., 6/6.

Cooke's Aphorisms to Applied Anatomy (or Anatomy for the final examinations) and Operative Surgery. Post 8vo., 3/6.

Grun and Severn's Handbook to Dr. Koch's treatment in Tubercular Disease. Royal 8vo., 3/6.

Halliburton's Text Book of Chemical Physiology and Pathology. 8vo., 28/-

Ramsay's Elementary Systematic Chemistry. Post 8vo., 4/6.

Birth.

RAKE.—On January 4th, at St. Ives, Fordingbridge, Hants., the wife of Herbert V. Rake, M.R.C.S., of a son.

Marriage.

CLARKE—JOPLIN.—On January 15th, at St. Matthew's, Thorpe Hamlet, Norwich, William Frederick Clarke, M.D., B.S. Lond., to Amy Robertson, daughter of the late Rev. J. J. Joplin, of Halifax, Nova Scotia.

Deaths.

CRESSY.—On January 15th, at Hayesden, Wallington, Surrey, William Everard Cressy, M.R.C.S., L.S.A., aged 76.

CROSSLEY.—On January 9th, at Scaitcliffe House, Leicester, Charles Richard Crossley, J.P. for town and county of Leicester, M.R.C.S., L.S.A., aged 66.

PENFOLD.—On January 7th, at Rainham, Kent, Henry Penfold, Surgeon, in his 60th year.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

AN M.R.C.S. L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or South of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. WELLS, Guy's Hospital.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

BOOKS! BOOKS! WANTED—in good condition; cheap. Cornil and Ranvier. Path. Vol. II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

AN OLD GUY'S MAN practising in one of the best suburbs in the North of London, desires a Resident Patient, either adult or child. Every consideration given and terms moderate. Very healthy neighbourhood and pretty surroundings.—Apply in first instance to Mr. Wells, Medical Office, Guy's, S.E.

INSTRUMENTS, BOOKS AND DRUGS.—For Sale. Liberal discount given. Complete lists can be inspected on application to Mr. WELLS, at Medical Office.

BOOKS WANTED—in good condition, and last editions. Cornil and Ranvier, Path., Vol. II, Part 1, Hilton's Rest and Pain, Ziegler's Path.—XYZ, c/o Librarian.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

AN M.R.C.S., L.R.C.P. wishes to meet with a Country Practice in Midlands or South of England. Income from £500 to £800. Must be open to thorough investigation. Married. Aged 28, and with some experience.—Mr. Wells, Guy's.

VACANT.—House Surgeoncy to a Dispensary in London. £80 per annum, with house, light, coal and attendance. Further particulars can be obtained at Medical Office.

WANTED an experienced and well qualified Assistant, in home county. Salary £100 per annum. Indoors. A partnership could be arranged after a year if satisfactory. One who could ride and drive necessary. Good sporting county: and preference given to applicant who could take an active interest in good sport if occasion offered.—Apply to Mr. Wells, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1889 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

FEBRUARY 14, 1891.

THE GULL STUDENTSHIP IN PATHOLOGY.

About fifteen years ago there arose what newspapers call a "Movement" in favour of the Endowment of Research, or as some cynics miscalled it, "the Research of Endowment." The most persistent advocate of this movement was the late Mr. Appleton, the first editor of *The Academy*. A public meeting was held, and speeches were made in favour of clever men being paid to make discoveries—or paid after making them, as the German Government has twice paid Professor Koch—once for discovering the cause of cholera, and next for discovering the cure of consumption. Among the advocates of the new plan were the late Rector of Lincoln (Mr. Mark Pattison), the late Professor Rolleston, and many living celebrities in literature and in science.

What was complained of was that trade and professions and political life draw off the best brains, and leave no chance of great discoveries being made by the residue.

It is true that Englishmen have made discoveries: but Newton was Master of the Mint, and had no family; Boyle, and Cavendish, and Joule, and Darwin were wealthy men; Priestley and Faraday did not care for money, and Harvey, Hunter and Young had their professions to live on.

In Germany, which is the ideal of all educational reformers, from the late Mr. Matthew Arnold downwards, there is abundant research with small endowments; in the English Universities, until lately, there were abundant endowments and very little research. Now this has been changed, and many new professorships have been founded both at Oxford and Cambridge, which are intended not so much for teaching as for discovering knowledge. Yet still we lag behind our German rivals. The fact is that, in Germany, beside the Government service and the other professions known in England, there is another profession—that of professor. The best posts in the great Universities are almost as well paid as those of headmasters in English public schools. There are nearly thirty Universities with means of providing for the professors, and the vacancies are filled up by selection from the younger men who have most distinguished themselves by adding to the sum of knowledge.

If we had twenty such Universities in the United Kingdom, all adequately supported out of the taxes, we might emulate Holland, or Sweden, or even Prussia. As it is, the only great University on the German model is that of Edinburgh, and, strange to say, though its students are more numerous and its resources greater than ever, the research is scarcely what it was in the days of Black, and the elder Playfair, and Alison, and Dugald Stuart; or in those of Sir William Hamilton, John Wilson, and Edward Forbes; or even in the comparatively recent time of Goodsir, Christison, Syme, and Simpson.

Genius is a rare and tender plant, hard to find and shy in growth. If by endowing ten researchers you get one considerable discovery, you are very lucky. But it is possible by taking

thought and spending money to produce a large amount of steady intelligent work, and of small investigations which in time help to larger ones; for "if kings are to build palaces, hodmen must carry bricks."

One plan of providing competent young men with opportunity for such continuous work or such small investigations is to provide an income for a term of years during which the beneficiary will devote himself to unremunerative scientific pursuits. The first attempt in this direction was made by the lady who wrote under the name of "George Eliot"; she endowed a scholarship in memory of her husband Mr. G. H. Lewes, the author of "The Life of Goethe" and of "The Physiology of Common Life." The Lewes scholar was to devote himself to physiological work and was not to hold any other office which would interfere with this duty. The results have been very satisfactory: Professor Roy, the late Dr. Wooldridge and other "Lewes Scholars" have done work which is of permanent value. The "Lucas Walker" scholarship at Cambridge has more recently been founded on much the same lines, and promises to be no less useful. Moreover, the Grocers' Company have with great public spirit devoted part of their wealth to the foundation of prizes and studentships to promote the study of sanitary science, or preventive medicine, on a scientific basis.

The only scientific method is by observation, comparison and experiment. It was to enforce this method that Harvey instituted his annual Lecture, and no other is so far as we can see possible. In astronomy or in philology, accumulation of facts, their comparison and the verification of theories by events are the paths of progress. In physics and chemistry it is possible to add to observation of existing facts, observation of the same facts modified as we please, that is to add experiment to observation and verification. But physiology is only the application of physics and chemistry to living organisms, and pathology is but a branch of physiology.

Hence the science of disease (or rather the accurate knowledge of the nature and causes of diseases) which is the necessary foundation for the arts of prevention and of cure, can only advance by experiment in addition to observation, and therefore a pathological laboratory is an essential adjunct to a school of scientific medicine.

We have no doubt that among Guy's men who have passed their examinations, and have leisure and talent for pathological studies, many will be found who will be only too glad to be helped in devoting three or four years to the fascinating researches of the laboratory, and who will help to keep in respectful memory through the world the names of Thomas Guy and William Gull.

SUPPURATION IN THE WALL OF THE ORBIT.

History.—J. F., æt. 62, sent up to see Dr. Brailey on August 27th, 1890. His left brow was then more prominent than the right, and tender when tapped gently. Left eye proptosed, and displaced downwards and upwards; while except that the superior rectus cannot act above the horizontal line, the movements are perfect. This proptosis and displacement had been noticed some weeks previously, and it had been steadily increasing ever since.

On admission.—Occupying the space between the globe and the upper orbital margin is a round elastic, semi-fluctuating swelling, which would seem to be an abscess forming at some little depth in close relation with the orbital roof—a condition suggestive of obstruction of the exit of the frontal sinus, with formation of pus, the result of a periostitis. He has never suffered any pain. The left optic disc is diffusely swollen while the right remains normal.

On the following day (*August 28th*) he was taken into Barnabas, and a small exploratory incision was made upwards and backwards. No pus came away even on syringing, although a small area of bare bone was felt. A drainage tube was inserted and the wound syringed out daily with perchloride (1 in 2000).

On the third day following ʒi of pus came away in the 24 hours, which amount continued until he left the hospital on September 4th. The swelling had then in no way subsided nor had the globe regained its normal position. The hard, rough piece of bared bone was always felt with the probe; he was told to syringe wound daily with perchloride (1 in 5000) and to keep drainage tube in position.

Sept. 30th, still the same elastic swelling as at first; says many drops of pus come from tube every day, and that two small bits of bone which were not preserved came away yesterday. Bare bone still felt on probing.

His condition remained much the same until Oct. 7th, when the discharge stopped, and the parts around the eye began to swell. He however did not return until Oct. 14th, when there were well marked signs of orbital cellulitis, the upper lid being swollen and dusky red, with a total suppression of discharge from the wound.

15th. Re-admitted, and under $CHCl_3$, the old wound was re-opened and extended, when a large area of rough bare bone was felt with the finger, to the inner side of the orbital roof. There was also a small aperture which seemed to lead into the ethmoidal cells. He slept badly, vomiting after the anæsthetic, otherwise did well until Oct. 21st when his temp. went suddenly up to 103.5°. He was given Quinæ Sulph. gr ii t.d.s., and the Mist. Pot. Iod. (which he had been taking for some time on the possibility of the mischief being primarily syphilitic) was stopped.

22nd. Became restless, drowsy, rambling in his speech, getting out of bed, &c.

24th. Had three fits this morning, of an epileptiform character, preceded by a low moaning cry, which was followed by a tonic muscular contraction of the right arm and leg, then left arm and leg, and then by a clonic contraction of all the muscles of trunk and limbs, which gradually passed off, leaving him breathing stertorously and bathed in perspiration. Each fit lasted on an average from 3 to 5 mins., and in the intervals he remained practically unconscious.

Mr. Davies-Colley saw patient in the afternoon in consultation with Dr. Brailey, and both advised exploration of the frontal sinus, especially as pus had been seen coming from the left nostril in the morning. Mr. Colley trephined (no anæsthetic being necessary) and opened the frontal sinus below, while the upper portion of the trephine hole exposed the dura mater covering the frontal lobe. An exploring needle was then inserted in more than one direction, but with no result. He had 12 fits during the day.

25th. Eleven convulsions to-day. T. 103° in the evening.

26th. Eleven more fits in 24 hours. T. at noon 105.2°. Ordered Quinæ Sulph., and to be sponged if Temp. over 103°. At midnight T. 105°.

27th. Four fits in the day. T. varied between 103° and 105°. P. 138. R. 38. Wound dressed. No attempt at union. No discharge. The eye to-day was noticed to have acquired its normal position, there deing no proptosis. The lid was not swollen, but the skin was very wrinkled and loose.

28th. No fits during the night, but two at midday. Gradually got more and more collapsed and died at 3 p.m. During the last three days, being unable to swallow, he has been fed with nasal tube or enemata. The temperature ran up to 106° at 8 a.m., and it was 105.4 at the time of death.

Result of Autopsy.—Old phthisis at both apices and considerable broncho-pneumonia.

Both superior longitudinal and frontal sinuses were healthy, no thrombosis. Recent meningitis in frontal region. Large abscess ($1\frac{1}{2} \times 1 \times \frac{1}{4}$ in.) on under surface of left frontal lobe, running back to the tip of the temporo-sphenoidal lobe, with irregular wall and containing very foul, greenish pus. Another much smaller and more recent cavity was situated more anteriorly. The brain itself was a little wasted, but no general meningitis. A large quantity of pus was found in the ethmoidal cells.

Points of Interest (suggested by Dr. Brailey).

To decide (1) which was the primary lesion, the pus in the ethmoidal cells, or the cerebral abscess? (2) what relation had the necrosis of the orbit to either? Another noticeable point was the very small discharge of pus, even when the aperture in wall of ethmoidal cells was laid open externally, while no pus or glairy fluid came by way of the orbit.

It might also be mentioned that his family had noticed him very irritable for some months prior to the first displacement of the eye, which is suggestive of the cerebral lesion having been the primary one.

Dr. Brailey, however, is strongly of opinion from a consideration of other similar cases, notably one recently which only differed from this present one in being still more acute, that the primary lesion was a necrosis of the orbital wall, but that there are no indications as to its original cause.

The probable causes are threefold:—(1) tuberculous, (2) syphilitic, (3) traumatic. But (1) usually occurs in much younger subjects, and principally attacks the outer part of the orbital roof, as evidenced by a case in Ruth Ward at the present time. Again, not the least evidence or proof of syphilis could be anywhere detected. The only traumatic history dated back some twelve years, when he received a severe scalp wound, the scar of which was still visible.

Green Extracts.

In an address recently delivered before the Durham College of Medicine, Dr. Embleton—who, by-the-bye, is an old Guy's man, and one of the pillars of the Newcastle School—gave an interesting account of the kind of final examination in his day:—

"One fine evening in June, 1834, a student from the Borough went up to try his fortune at the Royal College of Surgeons in Lincoln's Inn Fields. He entered the portal, dreaded of students, at 5.30, and was shewn up to what was termed 'The Funking Room,' and there found that he was the last of 15 or 16 candidates who were very desirous of passing. Some were, he said, intent upon reading up their anatomy, others their surgery, and all were more or less nervous, asking each other professional questions. One by one they were called out to go down to 'The Question,' and returned, some with joyful faces, others pale and haggard, for they had been referred back to their studies for three months. A cup of coffee was offered to keep up the spirits of the remainder. At length the penultimate individual was called out and never came back, a bad omen for the *solus superstes*. Lastly, at 11.30, he was called, and his heart began to palpitate and his breath to come quicker, for the decisive moment had arrived. He was ushered into the 'Torture Chamber' and found the examiners*—Sir Astley Cooper being the only absentee—sitting behind a widespread crescentic table, and he was directed to take a chair placed in the focus of the crescent, and being a somewhat shy individual, had probably an ashy complexion. Questions were put rapidly by the President and other members of the Board, and were as rapidly answered, one only excepted, which was at first not quite understood. The candidate, however, quickly apprehended the meaning and was ready with the answer; but before the latter could be uttered, it was suggested in a whisper from one of the horns of the crescent. He was requested to retire, but not before he had observed that one of the more venerable of the examiners was enjoying a quiet nap, it being then close upon midnight. Those who had not been plucked were ordered back, and were complimented on the good examination they had passed. They then took the customary oath and were dismissed. The student above mentioned, on gaining his liberty, found on consulting his watch that his examination had lasted a little over a quarter of an hour!" (Is it possible that Dr. Embleton was that happy student?)

The address abounds in excellent advice and amusing anecdotes. In answering the question of what amount of daily work is required of the student commencing his studies, Dr. Embleton suggests the well-known formula:—

Eight hours to work, eight hours to play,
Eight hours to sleep,

*The names of the examiners at that time were:—Geo. Jas. Guthrie, President; Anthony White, John Goldwyer Andrews, Vice-Presidents; William Blizard, William Lynn, Anthony Carlisle, Hon. Leigh Thomas, Robt. Keate, John R. Vincent. Enrolled by Edmund Belfour, Sec.

And considers the man in practice fortunate if he can add

Eight pounds a day.

He insists that the trials of the "finals" are as nothing in comparison with the lifelong examination in private practice: when the young doctor has to run the gauntlet of relatives and friends of his patient, particularly of the lady friends, who desire to know everything, and to be sure that the doctor knows everything. The early history of the stethoscope furnished the speaker with a good story, with which we must conclude.

"About forty years ago a gentleman who had some real or fancied disorder of his chest, called on a physician, and after explaining his case expressed a desire to have his chest examined by the aid of the new instrument of which he had heard. The doctor, quickly pulling out his watch, suddenly recollected that he had at that very time an engagement down the street, and begged the gentleman to come back to him in the afternoon and he would then have time to *carefully* examine his chest; the request was acceded to. The doctor went down the street, bought a stethoscope, and on regaining his consulting room felt prepared to receive his patient, who kept his appointment. The doubly new instrument was duly applied to the chest, and the result of the examination was that the lungs were reported sound, the reputation of the physician maintained, and the patient delighted."

The Pocket Medical Lexicon, by J. M. Keating, M.D., (H. K. Lewis, 135, Gower Street), is a handy little book containing explanations of the many technical and scientific terms which student and nurse continually meet with in their work in the wards. It also gives the relative values of the metric, apothecaries and avoirdupois systems, the formulæ of the various constituents of urine, and the common poisons and their antidotes. We quote one or two examples which will speak for themselves:

Colles' Fracture. Fracture of the lower end of the radius.

Cotunnius, Liquor of. Perilymph: clear fluid secreted in internal ear.

Couching. The depression or displacement of a cataractous lens.

Friedreich's Disease. Hereditary ataxic paraplegia.

Perityphlitis. Inflammation of areolar tissue about cæcum.

We have also received Lewis's Nursing Chart, ruled for the reporting of temperature, pulse, amount of sleep, nourishment taken, diet and treatment ordered, with space for further remarks on case. They will be useful in private nursing cases.

Messrs. E. & S. Livingstone (Edinburgh) have just issued the second edition of *The Urine in Health and Disease*, by H. A. Husband, M.B., C.M. The book has been very carefully revised, and new tests and illustrations have been added, and it can be confidently recommended to all who work in the wards as a reliable source of information for urine testing.

SMOKING CONCERT.

There was a sound of revelry in the Hall, the clinking of many glasses, the clash of well-plied knives on many plates. We had not seen so goodly a company since Mr. Gladstone opened the College last year, only on that occasion we stood and hungered and thirsted, listening to wingéd words, while on this we sat and ate our fill while the wingéd words came in afterwards.

The table-d'hote arrangement was heartily appreciated, and the number dining-in that night who did not sit down to the common table was very small indeed. There were several old Guy's men there, and very pleased we were to see them, while as the guest of the Residents, Mr. Symonds occupied the post of honour on the President's right hand.

There were the usual after-dinner speeches, and then the health of "The Visitors" was drunk with musical honours, the toast being responded to by Mr. Symonds.

We rather pride ourselves on our musical honours, for variety of delivery and *vis a tergo* they are not to be beaten. I suppose it is because we have such practice on "going-off nights."

After a brief interval for the discussion of coffee and other important subjects, men began to file into the Smoking-room, where they were assailed with cries of "Progrem! Progrem! only c'rect card—two-pence—Thankee, sir!" from Mr. Ralph, who kindly lightened the burden of the Hon. Sec., and really made an ideal programme-boy.

Punctually at eight o'clock the chairman, Mr. R. G. P. Lansdown, called upon Messrs. Dixon and Cresswell to open the ball with a pianoforte-duet, and from thence onward to the end of the evening not a minute was wasted, for a programme comprising some thirty songs and recitations, not counting encores, is not a thing to be trifled with. The violin playing of Messrs. Dixon and Baldock, and the singing of Mr. Coulson are happily familiar to most Guy's men, though the latter fairly surpassed himself in "Across the Far Blue Hills, Marie," and received a tumultuous and irresistible encore.

The virile bass of the Chairman was heard to great advantage in "The Yeoman's Wedding," and in his encore song, "The Midshipmite," the chorus of which was– well, immense! Mr. A. E. Durham with his long pipe and his "lager-bier smile," if one may term it, recited a couple of the Breitmann Ballads with a German accent and delivery that was simply exquisite, and kept his audience in roars the whole time.

The masterpiece of the evening, however, was certainly Mr. Lulham's musical sketch. A terribly sarcastic man is Mr. Lulham, and his description of "A Wet Day at Hastings" should surely call down on his head the wrath of all the boarding-house landladies of Warrior Square. Directly after eleven the company rose to its feet, and joining hands, stood ring within ring, while a hundred pairs of lusty lungs sent the echoes of "Auld Lang Syne" thundering down Maze Pond.

Of the success of the Concert there could be no doubt, and the general verdict pronounced as the meeting dispersed was "A 1."

The next Smoking Concert will be held on Saturday, February 20th, at 8 p.m., and will be preceded by a table d'hote at 6 p.m., as on the last occasion.

NERVE SUPPLY.

In the last number of the *Journal of Anatomy and Physiology*, Prof. Cunningham contributes an interesting article in support of Gegenbauer's theory that the nerve of supply is the best and safest guide in determining the homologies and anomalies of any muscle or group of muscles. Since the promulgation of this theory some ten years ago, the subject of muscular abnormalities as met with in the dissecting room has acquired an entirely new interest; and now a mere catalogue of origins and insertions, however carefully drawn up, has little scientific value beside the question, What is the nerve-supply of the abnormal muscles? Without further preface, it may be stated that this theory, like most theories, is not absolutely infallible, and Prof. Cunningham sets himself to consider its limitations and their probable explanation. The question may be treated from two points of view:—(1) embryological; (2) morphological. The embryological aspect suggests the queries:—

a. Do the ganglion cells, nerve-fibres, and muscle-fibres present a loose and changeable combination of originally independent elements?

b. Or, do these separate elements form a real and unchangeable union?

c. Or, are they developed from the same embryonic elements, and so present an indissoluble union?"

The last view is untenable because nerves are derived from the epiblast, and muscles from the mesoblast. In studying the growth of nerve-trunks from the spine into the limbs, Paterson has traced their formation from epiblastic elements foreign to the limb, and quite distinct from the mesoblast out of which the surrounding muscles are developed.

With regard to (*a*) and (*b*) the evidence is not so decisive. If (*a*) were true, if, that is, the nerve-fibres grew into the muscle elements irregularly, and, so to speak, accidentally, then abnormalities in the nerve-supply of muscles should be of frequent occurrence, which is certainly not the case. That they do occur cannot be gainsaid, and in order to support the theory that *the same ganglion cells are invariably connected with the same muscle-fibres*, it is usually held that the nerve-fibres have followed an abnormal path, though the statement in any case is difficult of proof. Such transference from a familiar to an unfamiliar route is well recognised, and when it takes place outside the spinal cord the identity of the nerve-fibres has in a few instances been established. Our author, however, is not satisfied that this explains every difficulty, and refuses to accept *in toto* the theory above quoted. In his opinion there is evidence of a tendency for one or other of the nerves supplying adjacent groups of muscles to extend its territory at the expense of its neighbour. Shortly he found that in certain animals the internal plantar nerve invaded the territory of the external plantar, and supplied muscles which usually belonged to the latter, while in other instances the reverse was the case. The same contest for supremacy between nerves supplying contiguous groups of muscles has been observed in the hand, in the case of the ulnar and median nerves. But these examples fail to refute the theory of the unalterable connection between ganglion cells and muscle-fibres, inasmuch as the respective nerves arise from the same plexus, and therefore the condition might be due to nerve-deviation.

Ruge, however, has brought forward an instance of the substitution of the ordinary nerve of supply by one which comes from a different nerve-plexus. In the Ornithorhynchus the tibialis anticus and the inner part of the extensor longus hallucis are supplied by a branch from the anterior crural nerve which is prolonged downwards over the external condyle of the femur. This seems to indicate that the muscles in question were originally derived from the extensor muscles of the thigh; and their present innervation may be explained by supposing that the distribution of the peroneal (external popliteal) nerve has extended at the expense of the anterior crural. Several examples of the same muscle being supplied by a nerve from a different plexus in different animals have also been recorded. In conclusion, the author insists that the nerve-supply is the most important and indispensable guide for the determination of muscular homologies and variations; and that the rare deviations in nerve-supply are either due to nerve-transference, or to nerve-substitution. The former view presupposes that the ganglion cells are invariably connected with the same muscle-fibres; the latter, that new nerve elements from an entirely different source may replace the old, and so carry on the supply.

GUY'S HOSPITAL STUDENTS' BIBLE CLASS.

A Special Meeting will be held on Thursday, Feb. 19th, in the Court Room over the Counting House, commencing at 4.30 p.m., at which addresses will be given by—

L. G. Glover, Esq., B.A., of St. Bartholomew's.
Finch White, Esq., of St. Thomas's.
F. Somerville, Esq., of London.

It is hoped that as many men as possible will attend.

APPOINTMENTS.

FOX, J. A., L.R.C.P. Lond., has been appointed Honorary Surgeon to the West Cornwall Dispensary and Infirmary.

WHITBY, CHARLES J., B.A., M.B. Cantab., has been appointed Resident Physician to the West of England Hydropathic Establishment, Limpley Stoke, Bath.

Passim.

We learn with much pleasure that the Court of Governors of the Hospital have acceded to the request of the Staff for increased accommodation in the Medical School. The carpenters' shops near the Fives' Court had fallen into such a dilapidated condition that it was necessary either at once to undertake very costly repairs or to re-build them, and the latter alternative being preferred, the Court decided to combine with it a considerable extension of the Hospital and School. The proposed buildings comprise a Dental Department consisting of a Conservation Room 110ft. long and 24ft. wide, with space for 50 operating chairs. The room, which has a northern aspect, will be constructed upon the model of the existing Conservation Room, which though erected no longer ago than 1889 is already too small for the needs of the rapidly increasing Dental School. Beneath the Conservation Room will be the Dental Laboratory, measuring 65ft. by 24ft., in which 30 students can work at one time; and beneath the Laboratory will be the Waiting Rooms for male and female patients, with the necessary conveniences. Adjoining the Conservation Room will be a large Lecture Room intended for the Dental Lectures, and for those on Experimental Physics. There will also be a smaller room for the exhibition of apparatus, and for practical work in physics. Facing the Conservation Room, but at a lower level, to avoid obstruction to light, will be a new Chemical Laboratory to accommodate 100 Students working at one time, and adjoining the Laboratory is a Lecturers' Room, and a Balance Room. The old Chemical Laboratory will be used for classes in Bacteriology, and for the course of practical work required for the Diploma in Public Health. A new Bacteriological Laboratory, intended chiefly for advanced Students and for research, is also included in the plans, and the building will be wired for the electric light. The total cost, inclusive of the Hospital Workshops, is estimated at £10,000, and the Architects are Messrs. Woodd and Ainslie, of 35, New Bond Street, who designed the Residential College.

We hope to publish shortly an illustration of the proposed buildings, and to give further details of the various departments.

The foundation of the Gull Studentship in Pathology, which was officially announced in our last issue, is certainly the most important event in the history of our Medical School; and on behalf of all past and present students of Guy's Hospital, we desire to return our hearty thanks to Sir William Cameron Gull, Bart., for his very generous gift. That men will be found desirous of working at this fascinating subject need not be doubted; indeed, applications for the appointment have already been received. And we venture to think that the memory of our late Physician could not have been perpetuated in a way more worthy of his scientific attainments, or more beneficial to our School than by the endowment of Pathological research.

Candidates are referred for details as to the mode of application to the notice in the advertisement column.

We hear that there are no less than sixteen gentlemen working at various branches of scientific investigation at the new Laboratories on the Embankment. In the list of names appears that of our Consulting Physician, Dr. Pavy.

The Pass List of the Preliminary Scientific Examination is very satisfactory, especially in Biology. Mr. T. H. Green has gained the distinction of being the only candidate from a London Hospital who has passed in the first division of the entire examination.

The Physical Society desires to remind our readers that the Essays on "Inflammation" for the Treasurer's prize must be sent in by Monday, February 16th.

The "Degree" debate at the Physical last Saturday was well sustained, and some interesting speeches were made, but there is still room for improvement in both the matter and manner of discussion. It is needless to add that the conservatives had an easy victory.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Analysis of Work done for January, 1891.

Extractions, with Gas	234
,, without	284
Gold Fillings	79
Amalgam ,,	79
Osteo ,,	99
Perm. G.P. ,,	11
Temp. G.P. ,,	162
Scalings	19
Crowns	7
Regulations	25
Dentures	5
Splints	1
Dressings	180
Advice	76
Total	1261

PASS LIST.

FINAL CONJOINT EXAMINATION.

Medicine.

H. S. Archdall.
H. G. Biddle.
A. R. Lacey.
H. L. E. Wilks.

Surgery.

J. E. C. Allott.
E. H. Baldock.
W. E. S. Cobb.
T. S. Coombe.
M. Craig.
R. S. Freeland.
A. H. Meadows.
W. G. Rogers.
H. B. Rygate.
D. W. Samways.
J. S. Sewill.
A. Thomas.
W. Winslow.
J. Young.

Midwifery.

H. S. Archdall.
A. E. Norris.
H. L. E. Wilks.
J. Young

LONDON UNIVERSITY.

PRELIMINARY SCIENTIFIC M.B. EXAMINATION.

Entire Examination.—First Division.

T. H. Green.

Chemistry and Experimental Physics.

Cross, W. E.
Earnshaw, A.
Harnett, C. J.
Rice, D.
Wise, H. M.

Chemistry only.

Frelham-Turner, H.

Biology.

Murray, C. H.
Smith, D. L.
Spon, H. J.
Steinhaeuser, J. R.
Thomas, T. M.
Whicher, S.

EXAMINATION PAPERS.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

Third or Final Examination.

Candidates unable to answer at least Four questions must report the fact to the Presiding Examiner, and are not allowed to proceed with their Examination.

Principles and Practice of Medicine.—1. Describe the position of the Heart and its orifices in their relation to the anterior surface of the chest. State the situations of maximum intensity of murmurs generated at the various orifices. 2. Enumerate the symptoms due to Uræmia occurring in the course of Bright's disease. In what cases are such symptoms most liable to supervene? Discuss the principles of treatment of Uræmia. 3. What are the causes, symptoms, and treatment of Acute Gastritis? Indicate specially the poisons which produce this condition. 4. Describe the morbid anatomy, symptoms, and course of Infantile Paralysis. To what deformities may it give rise? 5. Give an account of Varicella, including its invasion, course, and complications. Contrast the *eruption* with that of Variola. 6. State the most important points in house-sanitation in relation to drainage.

Midwifery and Diseases of Women.—1. Describe the arrangement and distribution of the Peritoneum and Cellular Tissue in the Pelvis of the non-pregnant adult female. 2. Describe the mechanism of Labour with the face presenting and the chin behind and to the right. 3. What conditions during Labour produce rupture of the Perinæum (*a*) on part of mother, and (*b*) on that of the Fœtus, and what means should be adopted to prevent its occurrence? 4. Enumerate the diseases which cause fixity of the Uterus in the unimpregnated state, and differentiate between them. 5. Describe the clinical course of a case of Gonorrhœa in the female, its diagnosis and treatment. Enumerate its complications. 6. A

patient on the third day after delivery has a severe rigor. State the investigation you would make, the conditions to which it may be due, and the treatment you would adopt in the different circumstances.

Surgical Anatomy and the Principles and Practice of Surgery.—1. Describe the anatomy and relations of the Ankle-joint. How are these affected in a dislocation of the foot outwards? 2. Describe the course and give the relations of the Lingual Artery and the steps of the operation required for its ligature. 3. What are the complications which may ensue, within a fortnight after the injury, in a case of compound fracture of the middle third of the leg, in a young adult? Describe the treatment of each. 4. Give the causes, symptoms, morbid anatomy, and treatment of Boil and Carbuncle. 5. Describe the treatment of a case of Strangulated Inguinal Hernia after operation. State the complications that may arise, and give the treatment of each. 6. Describe the conditions of the hand and forearm two months after the division of the trunk of the musculo-spiral nerve, and detail the treatment you would adopt in such a case.

CASE OF HYDATIFORM MOLE.

Gertrude S ——, æt 25, was admitted into Dorcas Ward January 20th, 1891. Married, two children, no miscarriages. Menstruation commenced at 16, profuse, lasting seven days as a rule. Last pregnancy ended March 17th, 1889. Gave a history of three months amenorrhœa, the last period ending October 19th, 1890. During the last fortnight had been suffering from severe hæmorrhage from the uterus, considerable quantities of blood being lost at irregular intervals. The last hæmorrhage was a very severe one and occurred on the day before admission. She was seen on the 19th of January and admitted the next day.

On admission.—The patient was very pale and anæmic, the lips being bloodless and the conjunctivæ pearly; her pulse was small and compressible, 130 in the minute, her temperature slightly raised. The abdomen was tender over the lower part and the uterus could be felt reaching to two inches above the navel. The uterus felt hard and had not the "doughy" feeling of pregnancy. Per vaginam the os uteri was low down, soft and easily admitted the finger tip. Although there was no bleeding on admission the vaginal examination seemed to bring it on. A hardish mass could be felt behind in Douglas's pouch continuous with the uterus. There were no uterine pains or contractions noticeable. No absolute diagnosis was made, but as the case was thought to be one of pregnancy complicated by something, and the woman was evidently suffering from her severe losses of blood, it was deemed advisable to bring on labour, so a sound was passed and went 10½ inches into the uterus without any difficulty. No pains came on within 24 hours, so a large size Tupelo tent was introduced into the cervix; this dilated the cervix, so that in four hours the finger could be passed into the uterus. Nothing could be felt but soft blood clot. After this, pains came on, and in about eight hours two fingers could be easily passed into the uterus, and a few vesicles were brought away. The case was now seen to be one of hydatiform mole, and speedy clearing out of the uterus was the only treatment. Accordingly methylene was administered, and with two fingers of the left hand in the uterus and the right hand outside, the whole of the mass was cleared out by scraping with finger ends inside and from pressure outside. The mole was attached to the fundus and anterior part of the uterine wall. None of the villi dipped very deeply into the wall, and no great difficulty was experienced in getting the whole away. Afterwards the uterus was washed out with 1 in 2000 perchloride of mercury at temp. 110°, and an injection of ergotine given. The temperature of the patient rose to 101°-2 on the 3rd day, so the uterus was again washed out, nothing much came away and the discharge remained sweet. No further untoward symptom occurred in the case.

Remarks.—This case was of great interest on account of its rarity, the difficulty of its diagnosis and treatment. The diagnosis was well nigh impossible, for no vesicles came away by themselves, and a certain diagnosis cannot be made without seeing some. The things to be considered in such a case were:—

Pregnancy with placenta prævia or accidental hæmorrhage.
Uterine fibroid.
Pregnancy complicated by fibroid.
Pregnancy with erosion of the cervix.
Hydatiform mole.

Had the case been one of placenta prævia or accidental hæmorrhage the patient must have been wrong in her reckoning, for the amenorrhœa only dated three months back. On the other hand it may have been one of those cases in which the patient menstruated for the first three months of pregnancy. Also, the hæmorrhage in placenta prævia rarely begins before the sixth month, and this uterus was only just about six months size. There had not been any cause for accidental hæmorrhage, such as fall, or a blow, &c. It was not a case of pure fibroid, for then how could the three months amenorrhœa be accounted for.

It might have been a case of pregnancy with fibroid, but then the fibroid would probably have existed before pregnancy and given some symptoms such as menorrhagia and metrorrhagia. There was no erosion of the cervix to account for the hæmorrhage. Hydatiform mole was scarcely considered owing to the hardness of the uterus; the uterus in these cases being we are told of a "doughy boggy" consistency. The colour of the blood lost might have pointed to the last possibility, for it was very dark and corresponded with the "red currant juice" discharge of the text books. With regard to treatment there was happily no doubt. The patient was evidently suffering from the continual losses and speedy clearance of the uterus was the only proper treatment.

THOS. G. STEVENS.

FOR SALE.

SURPLUS BOOKS FROM THE LIBRARY.

	s.	d.
Brown's Cause and Effects, 1835	0	6
Barclay's Medical Diagnosis, 1857	0	6
Bird's Urinary Deposits, 1853	1	6
Brinton's Medicine, 1880	7	6
Bristowe's Ulcer of the Stomach, 1857	1	6
Burns' Typhus Fever, 1828	0	6
British Pharmacopœia, 1867...	0	6
Ditto 1864	0	6
Cooper's (Samuel) Surgery, 1840	2	6
Campbell's Deafness Treated by Electricity, 1872	0	1
Camplin's Diabetes, 1860	0	6
Dublin Dissector, 1831	0	1
Denman's Midwifery, vol. ii., 1795	0	3
Dobell's Diseases of the Chest, 1858	0	3
Cotton's Phthisis and the Stethoscope, 1859 ...	0	1
Foote's Ophthalmic Memoranda, 1838	0	1
Fox's Skin Diseases, 1864	2	0
Hogg's Ophthalmic Surgery, 1863	1	0
Hughes' Auscultation, 1854	5	0
Harris' Hermes; or, Universal Grammar, 1825 ...	0	3
Harrison's Perforating Ulcer, 1856	0	1
Thomson's Conspectus, 1828...	0	1
Gregory's Conspectus	0	6
Hillier's Anatomist, 1861	1	0
Ditto undated	1	0
Meighan's Baths of Barége, 1742	0	3
Maclise's Surgical Anatomy, 1851	—	
Nomenclature of Disease, 1885	0	6
Obstetrical Society's Transactions, 11 vols., 1873 to 1883	—	
Phillip's Translation of the Pharmacopœia, 1841	0	6
Pharmacopœia Londinensis, 1851	0	6
Ringer's Therapeutics, 1880...	4	0
Rigby's Obstetric Memoranda, 1856	0	1
Ditto 1868	0	1
Squire's Diseases of the Skin	1	0
Sibson's Medical Anatomy, in five fasciculi ...	—	
Todd's Clinical Lectures, 1854	5	0
Toynbee's Diseases of the Ear, 1868	3	6
Waller's Practical Midwifery	0	1
Watson's Lectures on Physic, 2 vols., 1845 ...	7	6
George's Smallpox	0	1
Powell's Medical Electricity...	0	1

Sport.

RUGBY FOOTBALL.

GUY'S v. LONDON.

When these leading hospitals met on Monday, Feb. 2nd, at Richmond, it was dull, with a strong wind blowing up the ground from the pavilion end. Guy's won the toss, and had the advantage of this during the first half. London kicked off, and the ball was well returned by Bettington, Mitchell directly after kicking into touch close to London's goal, and immediately after another long kick enabled W. H. Jewell to just obtain a try by touch. W. G. Mitchell made a very good try at goal, which only failed to score by a trifle, less than two minutes having elapsed from the start. The play was in London's quarters, Guy's backs being very smart, and soon London touched down. Guy's were immediately on London's goal, and there was a maul, but the ball being wriggled out a scrum took place, London clearing their twenty-five. The ball was back there again at once, and F. G. Swayne passed to Mitchell, who dropped a fine goal. London for a little were at Guy's end, but were forced back, when they had a free kick, and dropped the ball into touch. There were many hard scrums in neutral quarters, London having rather the better of them, but behind Guy's had a distinct advantage. J. H. Bettington, bouncing the ball in from touch on London's twenty-five line, ran right in, and round behind the posts, gaining a try, although he nearly lost the ball by trying to get a good position. W. G. Mitchell took the position, but it proved a failure. A good dribble by him soon followed, and Cooke kicked the ball dead behind his own goal. Scrums on the line followed, London touching down. W. G. Mitchell soon tried another drop from a pass by J. W. Ensor, but it only produced a minor. He was shortly after nearly in, but the ball went into touch close to London's goal, and scrums followed, H. Cooper gaining a try close to the posts, W. G. Mitchell easily placing a goal. Guy's pressed hard, and from an open scrum close to goal F. G. Swayne just gained a try, which W. G. Mitchell placed. On the kick off, London rushed into Guy's twenty-five, but they quickly cleared it, and half-time arrived, Guy's leading by three goals and two tries to nothing. H. Cooper kicked off for the second forty minutes, and Guy's were at once in London's quarters, J. H. Bettington making a very good run, but was just forced over the touch-line. London then with a rush reached the other end. J. H. Bettington then made a splendid and very fast run right down the ground, dodging everybody, but just at the finish he unfortunately lost the ball, and there was a scrum. A long punt into touch took the ball back, but F. G. Swayne and F. Cloud quickly dribbled it into London's quarters. Once the play for a very short time was at the other end, E. S. Tuck well taking the ball back over the centre line. N. M. P. Jones and W. G. Mitchell gained more, when from a line out near goal H. Cooper secured and scored another try, which W. G. Mitchell converted. London, after the kick off, forced to Guy's goal-line, and from a scrum there G. Lewis gained a try, H. Rigley placing a goal, to the delight of the Londoners, a strong contingent of whom were round the ropes. Guy's then again pressed, and were at once in London's twenty-five, and the ball was kicked over, and they touched down. Following the kick out the play was in the centre at first, but Guy's forced into London's

twenty-five. They, however, cleared it, and at no side it was again in mid-field, and Guy's were the winners by three goals (from tries, one dropped), two tries, and four minors (equalling thirteen points), to one goal (from a try, equal to three points) for London. Guy's had had the better of the play throughout, and were much the better team, being very much superior behind the scrummage, Messrs. A. Allport (Guy's) and H. Corner (London) were the touch judges, and Mr. F. Goodhue (St. Thomas's) was referee. Sides:—

GUY'S HOSPITAL.—E. S. Tuck (back), W. G. Mitchell, J. W. Ensor, and J. H. Bettington (three-quarter backs), H. Cooper (captain) and N. M. P. Jones (half backs), F. G. Swayne, E. T. Shorland, A. W. Sheen, J. D. Thomas, W. H. Jewell, T. G. Sheringham, W. E. Robinson, C. S. Pantin, and F. Cloud.

LONDON HOSPITAL.—E. W. Cooke (goal), W. J. Evans, H. Rigby, and W. G. Mortimer (three-quarter backs), C. L. Jones and W. Lloyd (half backs), J. H. Morton (captain), W. E. Bird, C. Rolfe, W. Bower, G. Lewis, S. Higginson, J. Moses, G. Boyd, and G. May.

The results of the first round are as under:—

January 26, St. Thomas's beat St. Mary's by four goals and one try to one try.

January 27, Middlesex beat St. Bartholomew's by one goal to nil.

January 29, St. George's beat University by two goals and one try to nil.

January 30, Charing Cross beat Westminster by two goals and two tries to one goal.

February 2, Guy's beat London by four goals and two tries to one goal.

Second Round.

February 10, Guy's beat Charing Cross by three goals (two dropped by Mitchell) and one try to nil.

February 12, St. Thomas's v. St. George's.

Middlesex a bye.

To be played on the Athletic Association Ground at Richmond.

The semi-final will be decided on February 24, and the final on March 5.

The rules of scoring have been altered to the following: A try, or penalty goal, one point; a goal from the field of play, two points; a goal from a try, three points.

GUY'S HOSPITAL v. CHARING-CROSS.

Splendid football weather favoured the meeting of these teams in the first tie of the second round of the Hospital Challenge Cup on the Richmond Athletic Ground on Feb. 10th, and as a result there was a capital company present. The game, on the whole, was of an exciting nature, but, although the Cross men managed to more than hold their own during the first twenty minutes, they subsequently fell off, and Guy's gained an easy victory. Starting at a quarter past three play at the commencement was of a very even nature, the ball for a long time being taken up and down the field. Then Guy's hard pressed their rivals, and after some excellent passing Ensor scored between the posts, but, although an easy place-kick, Bettington failed to improve. Charing-cross in turn attacked, and had very hard luck in not scoring on several occasions, a long punt by Thomas once compelling Guy's to touch down. Just before half time from some loose play in the Cross "twenty-five" Mitchell dropped a grand goal, and he supplemented this with another one soon after changing ends. This was also followed by a try by Clark, after a splendid run half way down the field, Mitchell being successful with the place-kick. The Cross forwards made several brilliant rushes afterwards, but failed to score, and the match ended in a win for Guy's by three goals (two dropped) and one try (or eight points) to nothing. Teams:—

GUY'S HOSPITAL.—E. Reid (back), J. H. Bettington, W. G. Mitchell, and J. W. Ensor (three-quarter backs), H. C. Cooper (captain) and P. M. Jones (half-backs), T. Nicholson, E. T. Shorland, A. W. Sheen, J. D. Thomas, W. H. Jewell, H. Robinson, F. T. Cloud, W. Clark and C. Pantin (forwards).

CHARING CROSS.—J. H. Whitehead (back), C. W. Lamphier, W. J. Pike and W. Ashfield (three-quarter backs), H. H. Thomas and W. P. Powell (half-backs), H. D. Senior (captain), E. Parsons, S. R. Wright, A. Mudie, F. A. L. Hammond, W. H. Morgan, W. F. Henley, E. C. Montgomery and J. M. Green (forwards).

Touch-judges.—Messrs. L. E. Jones (Guy's) and R. Thomas (Charing Cross). Referee.—Mr. L. Young (St. Mary's).

GUY'S HOSPITAL v. ROSSLYN PARK.

This return match was played at Acton on Jan. 31st, a splendid game ensuing. Although Guy's were finally defeated, they had by no means the worst of the play, for they scored once, but the point was given up. Guy's took down the team which was to represent them the following Monday, with the exception that A. L. Roper, C. E. Carpmael, and T. M. Nicholson played instead of W. G. Mitchell, E. S. Tuck, and T. G. Sherringham respectively. Cooper kicked off for Guy's, who immediately attacked, but failed to score. Give-and-take play then ensued. Our forwards worked magnificently; their screwing seemed to puzzle their opponents completely. This is greatly to be wondered at, after eight weeks absence from the field. Cooper and Jones were very quick on the ball, and did not give their halves a chance of feeding their three-quarter backs, in which position they had the pull over us. Half-time found no score registered to either side. Re-starting the game continued to be very even, each side attacking in turn. After a good run by Bettington the ball was sent into touch close to their line and from a line out Ensor scored, but although the referee pronounced in our favour Guy's gave up the point. As time approached each side strove their utmost; after a continued run by our three-quarters, Roper seemed certain to score, but hesitating,

the chance was lost. Rosslyn Park now attacked in force and after some grand passing they scored behind the posts and had no difficulty in placing the goal. Time was called immediately afterwards, Rosslyn Park leaving the field victorious by one goal to nil. All the forwards were good, Swayne and Thomas being most to the fore; both the halves were excellent. Bettington was very prominent at three-quarters.

TEAM.—C. E. Carpmael (back), J. H. Bettington, J. W. Ensor, and A. L. Roper (three-quarter backs), H. Cooper and P. M. Jones (half-backs), F. G. Swayne, E. T. Shorland, A. W. Sheen, L. Thomas, W. H. Jewell, F. Cloud, H. E. Robinson, C. S. Pantin, and T. M. Nicholson (forwards).

We have received the following from an old member of the team with regard to the Charing Cross game:—

The game was of a most scratchy character, very little combined play or good football being seen on either side. Scarcely at any time during the game did our men bring off any decent passing. Solitary instances occurred now and again, but a sa rule it never got beyond the 2nd man. Coming to individual play, Reid had very little to do. Mitchell, although playing brilliantly at times, seemed out of condition, having just had a fatiguing journey over from Ireland. Bettington is a fast and dangerous runner but does not always take his passes well, and has very little idea of giving one; his collaring is weak. Ensor has gone off somewhat; he is not fast, and prefers to run towards the man of the opposing side instead of the open, his collaring also should be much more determined and safe for a man of his weight.

The half-backs are the only bright spot in the team. Cooper never tires and seems to be everywhere and do twice as much work as anybody else. Jones is smart and plucky. The forwards have the making of a good lot, but seem to want teaching. They pick up the ball and try little runs too much. If they did not do this and brought off some short passing between each other it would be very effective, but our forwards prefer to struggle gamely for three yards and when firmly held toss the ball away, or get rid of it someway or other, under the fond delusion that they are passing. Collaring very weak, showing lack of determination.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

GUY'S HOSPITAL.—Gull Studentship in Pathology. A Studentship has lately been established in memory of Sir William Gull, Bart., M.D., F.R.S., to promote original research in Pathology. The value of the Studentship is about £125 yearly, with an additional allowance of £25 for apparatus. It is tenable for three years, and the Student will be required to conduct his investigations in the Pathological Laboratory of Guy's Hospital. Open competition is invited. Intending Candidates should apply for further particulars, and Forms of Application, to the Dean of the Medical School, Guy's Hospital, S.E. Applications must be sent in on or before March 18th.

AN M.R.C.S. L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or South of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. WELLS, Guy's Hospital.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

BOOKS! BOOKS! WANTED—in good condition; cheap. Cornil and Ranvier. Path. Vol. II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

INSTRUMENTS, BOOKS AND DRUGS.—For Sale. Liberal discount given. Complete lists can be inspected on application to Mr. WELLS, at Medical Office.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

AN M.R.C.S., L.R.C.P. wishes to meet with a Country Practice in Midlands or South of England. Income from £500 to £800. Must be open to thorough investigation. Married. Aged 28, and with some experience.—Mr. Wells, Guy's.

VACANT.—House Surgeoncy to a Dispensary in London. £80 per annum, with house, light, coal and attendance. Further particulars can be obtained at Medical Office.

WANTED.—Erichsen's Surgery, Fagge's Medicine, Hilton's Rest and Pain, Galabin's Diseases of Women. Good prices for latest editions. C/o Librarian.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

FEBRUARY 28, 1891.

FATAL CASE OF PHOSPHORUS POISONING.

A.E.G., æt. 18, was admitted into Miriam under Dr. Goodhart, on Friday afternoon, January 23rd, complaining of severe headache and abdominal pain, with sickness.

She stated that two days previously she had accidently eaten a large slice of bread and butter which had been spread with phosphorus paste to kill black beetles. No immediate bad effects were noticed, but a severe headache came on in the course of the evening. On the day prior to admission, she remained in bed, and complained of gnawing pains in the abdomen and slight headache, but did not appear to be really ill. On the 23rd, prior to admission, she had twice vomited a light brown liquid containing small lumps, which her mother stated strongly smelt of "match tops." The pain in head and abdomen still persisted, so she was brought up and admitted.

On admission.—Patient is a big, decidedly well-nourished girl, does not look ill, but lies in bed in a lethargic condition, not volunteering any information about herself, and answering all questions in monosyllables. Tongue covered with a thick greenish-yellow fur; great thirst; anorexia; constipation (bowels not having been opened since the phosphorus was taken). The abdomen soft and relaxed; no tenderness in the epigastrium, but the same gnawing pain, with nausea, still felt. The hepatic dulness was increased, extending from the fifth interspace to two inches below margin of ribs in nipple line. Her breath smelt so strongly of phosphorus, that her stomach was washed out immediately, on the chance of the history being incorrect, and the phosphorus taken more recently than 48 hours back:—M.M. with M.S. ʒi t.d.s.; Ol. Terebinth ʒss; Muc. Acaciæ ʒi; Aqua ad ʒi, 3tis horis. *Diet.*—Milk and light farinaceous.

24th.—She felt less pain last night, although slept but little; has been sick each time after the turpentine, the vomit being once streaked with blood, and so the mixture has been altered to capsules, of which she takes m.x. 2ndis horis.

25th.—Much better, slept well, no pain, no more sickness, the liver is to-day not so large as on admission.

26th.—Condition much as yesterday, no signs of jaundice.

27th.—Liver dulness to-day extends across to the left side of the middle line, and for an inch below the ribs. The spleen also can be felt plainly below the ribs, and there is a slight primrose tint about the forehead and abdomen.

28th.—Remained fairly well until 2 a.m. this morning, when she was suddenly taken with dyspnœa, and her pulse, which had previously been good, became almost imperceptible—also intense abdominal pain. At 10 a.m. respirations were 52 per minute. Pulse 126 only just felt at the wrist. Mouth and gums spongy and bleeding; patient much weaker and continually calling out for something to drink. Bowels well opened; no melæna. Passed a good quantity of urine (ʒ 16 in 12 hours). Abdomen very tender, especially in the hepatic region, and the liver dulness does not extend below ribs. At 2 p.m. the Radial pulse could not be felt, nor the Dorsalis Pedis

nor Posterior Tibial. Given morphia hypodermically to relieve the pain. She became delirious about 4 p.m. and unable to swallow, and remained unconscious until death ensued at 9 p.m.

Result of Post-mortem Examination.—Faint yellow tinge about conjunctivæ, face, chest, and abdomen.

Heart.—Few petechiæ in the auricles, large vessels at base, and on endocardium of left ventricle. Muscle fatty, but not extremely so, less than in a bad case of anæmia, weight, 8 ozs.

Kidneys. — Large, weight, 14 ozs., very anæmic, few petechiæ on capsule.

Stomach.—Distended with food and black digested blood. Mucous membrane quite healthy. The lower part of the small intestine contained a quantity of decomposed blood, but the colon was free, containing clay-coloured fæces, free from a trace of bile, with no petechiæ on the mucous surface, but a large extravasation of blood at its mesenteric attachment throughout on the serous surface.

Liver.—Weighed 66 ozs., which must be considered large for a woman, firm and swollen rather than shrunken, extremely fatty, but not quite floating in water. In two large places it was stained a deep canary yellow, but there was no red mottling. The gall bladder contained mucus ʒii, but no bile, while the ducts also were empty and not stained.

Spleen.—Firm, but only weighed 7 ozs., so was not so large as it had been thought to be during life. The right ovary was the size of a hen's egg, and consisted of one large hæmorrhage, probably about a week old, and due to the first effects of the poison.

The symptoms of phosphorus poisoning may run one of two courses, although both tending to a fatal termination.

(*i*).—If taken in a large dose, pain in the epigastrium and vomiting, with intense thirst, come on in a few minutes, and death results in from 4 to 8 hours afterwards.

(*ii*).—More frequently, as in this case, the primary irritant symptoms subside, and the patient seems in a fair way towards convalescence, but after 3 or 4 days jaundice sets in, with prostration, distended abdomen, enlarged liver, vomiting, thirst, feeble pulse, melæna, coma, and death about 6th or 7th day.

In this case, perhaps the most noticeable points are—

(*i*).—The rapidity with which death followed upon the onset of the acute symptoms, about 18 hours.

(*ii*).—The very slight amount of jaundice, although it is probable from the empty condition of gall bladder and bile ducts, that had she lived longer, the symptom would have been better marked.

(*iii*).—The absence of any congestion of the mucous membrane of the stomach, although the history stated that the poison was taken on an empty stomach.

(*iv*).—That the smell of phosphorus could be detected about the breath for 56 hours after the poison had been taken.

It is still contended by some authorities that the disease, acute yellow atrophy of the liver is identical with phosphorus poisoning, but in this case, as stated above, the liver was swollen, not small, shrunken, and scarred, as would be the case after 7 days' illness with acute yellow atrophy, and the condition of the urine is also not in favour of this theory. A complete account of the condition of the urine will be published in this year's "Reports."

The treatment at present seems very inefficient; few, if any cases, recovering. The oil of turpentine is supposed to act by forming peroxide of hydrogen in the stomach, which oxidises the phosphorus, and so prevents its being absorbed. In conclusion, it should be stated that the yellow or soluble variety alone is poisonous, the red, amorphous, producing no ill effects.

C. G. R.

VENESECTION.

Writing from the point of view of a general practitioner, I should like to call the attention of my fellow students to the paper which Dr. Pye-Smith lately read at the Medico-Chirurgical Society upon Venesection. So far as I have had opportunity of judging from conversation with men belonging to other medical schools, the practice of Venesection is now, in some hospitals, obsolete. In such a book as Wood's Therapeutics, the treatment is not even mentioned; and in practice, it is not uncommon to meet with medical men who have never either seen or "done" a bleeding, but who speak of Venesection as a serious operation too heroic to be thought of for a moment, unless under the express sanction and supervision of a consultant from London.

My own conviction is that this view of the matter is throughout a mistaken one. I should regard Venesection as an operation which stands on the same footing as Tracheotomy. In each case, the procedure is not a cure for this or that disease, but is the most efficient way of meeting conditions which are endangering the patient's life. In each case, if the patient's struggle for existence is always to continue till the consultant comes to screw us up to the sticking point, his chances of gaining relief when the operation is done are apt to be seriously diminished.

Neither must it be forgotten (at least by those who practice in the country) that not all patients can afford consultations.

When, or by whom, Venesection was first deliberately used I do not know; but I am inclined to believe that it might claim a very venerable antiquity. People often tell us now that it is "all the better" if a wound bleeds freely at first, and probably, experience, long ago, taught mankind that to lose blood relieves pain and lessens fever.

Now, if Venesection had been a method practised for the relief of pain and fever *only*, it would probably have done much good and not a great deal of harm. The past history of medicine, however, affords an almost unbroken testimony to the fact that it has not generally been regarded as a mode of dealing with certain particular conditions, but as "a cure for diseases." Doubtless, the consequences have been dire; but in mitigation of our judgment it is only fair to remember two facts of importance in that history. In the first place, we must recollect that the notion long held sway over the medical mind as it still does over the mind of the laity, that if a man is to get well of any disease, he must be actively treated. And in the use of Venesection, the doctor was evidently pursuing a line of treatment by no means neutral. The patient might recover afterwards, or he might die, but at least, the doctor was not allowing the enemy to advance without some demonstration of resistance. In the second place, we must not forget how numerous are the remedial agencies, pharmaceutical and otherwise, which were unknown to those of old time who bled and blistered with so much vigour and impartiality. A large portion of our armoury is, of course (with all deference to the authors of fat books on Pharmacy and Therapeutics, and to the inventors of capsules, palatinoids and malt extracts), nothing more than harmless trifling. Still, we really have many arms of precision and power, where our ancestors had but a few of much power, and but inferior precision.

Does the reader remember two cases of Venesection recorded in Fielding's 'Tom Jones'? The fair Sophia was run away with by a high-spirited horse. The gallant Tom stopped the runaway at the risk of his precious life. His arm was broken; the apothecary (predecessor of the modern general practitioner) was sent for; and Tom Jones and the lady were both straightway 'let blood.'

Nowadays, we should probably have contented ourselves in the treatment of Tom Jones with the application of a splint and an ice-bag. If the pain was very severe, we might possibly have given him a morphia injection, or a Dover's pill at bedtime. Perhaps some of us would have added a good big saline draught and a prohibition of stimulants for a few days.*

As for Sophia, we should have kept her quiet in her boudoir, and sent her a Bromide and Salvolatile Mixture.

But just put yourself in the place of the apothecary more than a hundred years ago. Morphia injections and Bromide of Potassium, the great tranquillisers of our modern pharmacy, were still unknown. And, had we wanted to apply an ice-bag, could we have got the ice? Ice-houses, it is true, were invented as long ago as the time of the Emperor Nero, but it is doubtful whether Squire Western had one. I fancy he preferred his liquor with the chill off, and ices and claret cups, I should think, were uncommon in his Hall. Then, too, as to the ice bag, indiarubber only began to be used for surgical purposes toward the end of the last century, and mackintosh was yet unborn. And if, failing Squire Western's ice-house, we had sent (as nowadays we should do) to the nearest fishmonger, we should probably have learnt that (since the Norwegian ice trade had not yet begun), there was none to be had there.

The cases in which Venesection remains not merely as a possible treatment, but as the best treatment under the circumstances, are not then such cases as those of Sophia and Tom Jones. Examples of suitable cases are, however, given in Dr. Pye-Smith's paper, and are to be met with not infrequently in every general practice.

I have only twice in the last three years practised any form of bleeding, but I am sure that the treatment if permitted, would in several other instances have been the best thing for the patient.

Of the two cases alluded to, the first was that of a man suffering from broncho-pneumonia. The prominent symptoms were great pain in the region of the heart, increasing cyanosis, quick feeble pulse, cold perspiration and increasing drowsiness. True Venesection was urged

* When there is *throbbing* pain, (as *e.g.*, in the early stage of Carbuncle and of Mammary abscess), the withholding of stimulants, or their discontinuance if the patient has been taking them, is often a most useful piece of treatment for the relief of pain.

in vain, because "the patient's father had been killed by it," but leeches were at last allowed me. There was great difficulty in procuring them owing to the small demand which is now made for them, and their voracity, when I did succeed in getting a supply, seemed to imply a feeling on their part that the opportunity was a rarity. Happily they relieved the patient of a good deal of blood, and in two or three hours' time he felt so much better that he began a discussion as to the best seaside place to go to after his convalescence. The relief was decided for the time, but did not end in recovery.

The other case was one of cerebral apoplexy in a patient who was the subject of tertiary syphilis with previous cerebral symptoms. Here the indications which suggested Venesection were, violent respiratory action, continued convulsions, intermitting pulse, and distended jugulars. On the removal of 12 or 15 ounces of blood from the arm, all these symptoms subsided immediately. The remaining hours of the patient's life gave no return to consciousness, but those who have been present at such scenes, and who know how hard it is to persuade the patient's friends that convulsions do not signify pain, will understand that the operation was well worth doing for the distress which it prevented them, even though it did no good to the patient

And this brings me to the last point in my chapter. The real obstacle in the way of a rational frequency in the use of this very common sense treatment lies not in the rarity of fitting occasions, and still less in the difficulties of the operation. Least of all does it lie in the danger of its results. But it is to be found in the present state of popular feeling or ignorance, whichever it is to be called. If you do practice Venesection, you must expect to be told afterwards that bleeding is "so weakening," and that the patient was already "so weak" that you ought not to have "cut him about." In fact, some kindly wiseacre is sure to hint to the surviving relatives (if the patient dies any time within some months of your Venesection), that Mr. So-and-so *might* have been alive now if he had not been bled. On this point, however, though much may be thought, there is little to be said. For all such criticism the deafer our ears the clearer our eyes—"Tu autem etsi in oculis sis multitudinis, tamen in ejus judicio stare noli, nec quod ipsa putet id putare pulcherrimum."

R. J. RYLE.

COMMUNICATIONS, ETC.

Received from:—*A. G.; Mr. Groves; Mr. Knox-Shaw; Mr. Newland-Pedley; The Nursing Institution; Professor Reinold; Mr. Sergeant; Dr. Stevenson;* Letter per *Mr. Crisp; Messrs. Hills & Son; Messrs. Lewis & Son.*

In future, we propose to acknowledge all communications even if they cannot be published, and correspondents are therefore requested to communicate with the Editor should their names not appear.

RHYMES OF THE COLONNADE.

I.—THE LADY VISITOR.

I met her in the Colonnade,
To make a promised round of Guy's;
A promise, once, when dancing, made,
And who, when waltzing, can be wise?

She noted, first, the letter rack,
And said: "*that's* where the letters come"
(Truths have a sting, that untruths lack)
"Such as you daren't receive at home!"

I shewed the surgery (smarting still);
She said: "that's where you use, I think,
That ready diagnostic skill,
Which sends concussions out as *drink*."

I strove to praise the colonnade,
And, from the Primer, reference stole,
To "Aesculap" and "Attic Shade";
She said it was "a draughty hole."

When in the wards, at each good case
I stopped to point the treatment out,
Says she, with half-averted face:
"*Experimenting* I've no doubt."

Some dressing chums I introduce;
She eyed their work with glance astute,
And then; "unless by looks traduced,
Your average dresser is a brute."

And, when she saw one greet a nurse
With the most distant, guileless, bow,
Her honied lips she needs must purse:
"*I* understand your ward work now!"

I thought to show our College ways,
But she opined she'd "rather not"
(In polished, *fin de siécle*, phrase)
"You're such a precious rowdy lot."

To show the waxworks, without fail,
She bade me, with determined air;
But said, on leaving, somewhat pale:
"No *gentleman* would take one there!"

We reached the Dental rooms at last,
And when some sage remarks she passed,
About "a tyro and a tooth"
And "stoppings that would last a day";
"Not all the gold," I *had* to say,
"Used in the Conservation room,
Could ever make a χρυσόστομ
With such a tongue as yours, forsooth."

She left me in the colonnade,
Nor could I from myself disguise,
That promise was too lightly made,
But who, when waltzing, can be wise?

F.G.H.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE "GUY'S GAZETTE."

DEAR MR. EDITOR.—I cannot but write and congratulate you upon the extremely interesting and useful little volume which I have just received from the binders, bearing the title of "GUY'S HOSPITAL GAZETTE, 1890." On looking through it, I find thirty-eight portraits and illustrations. It is quite a marvel to me how you can put together such an amount of original work, with such good illustrations, for such a small subscription. Doubtless, you are supported by present Guyites to a man; to imagine it otherwise would be a slight to the *esprit de corps* for which we are known all over the world. I have heard that nowadays a much larger proportion of men come up to Guy's for hospital practice only, and that not having gone through the beneficial experience of first and second years' men, they fail somewhat in attaining that point of good fellowship so dear to the true Guyite. It would be absurd to think that these men, going straight into the wards, should feel so much at home as those who have done all their preliminary work at Guy's; but, nevertheless, it cannot but be to the benefit of Guy's that they should give us their hearty co-operation. Truly it will be a sad day for Guy's should a race of men rise within its walls totally indifferent as to the prosperity of its old-established institutions.—Yours,

AN OLD GUY'S MAN.

COLD AS A CAUSE OF DISEASE, AND ICE AS A THERAPEUTIC AGENT.

SIR,—As I was, unfortunately, unable to be present to hear Mr. Daldy's paper and the discussion thereon, at a recent meeting of the Physical Society, perhaps you will allow me to have my say thusly. For there is an aspect of the matter which was not touched upon on that occasion towards which recent research seems to tend: I refer to the influence of variations of body temperature on the effect produced by a given dose of a drug, as exemplified, for instance, by the experiments of Langlois and Richet* with vegetable alkaloids (cocaine, cinchonine, etc.): they found that raising the body temperature of an animal (dog) after hypodermic injection of a certain amount of the poison (e.g. cocaine) produced convulsions similar to those ensuing on the administration of larger doses at the ordinary temperature, or in other words, *raising the temperature is equivalent to increasing the dose.*

Turning now to the poisons (ptomaines and albumoses) formed by microphytes, of which the latter are finding the greatest favour nowadays, I believe that so far no direct experiments such as those quoted above have been made in order to determine this point: the now frequent use of wet packs, ice and other antipyretic measures in the treatment of pneumonia, enterica, etc., is perhaps indirect evidence that some bacterial poisons have greater effect on the system when the temperature is high, and that the artificial reduction of temperature is practically a method of, so to speak, diminishing the amount of poison present, but it must also be kept in mind that the lower temperature will also relieve the frequency of the respirations (Richet) and heart beats, and this will give the organs concerned a rest, and so assist them to carry on their duties.

So far, cold has been looked at as an agent, beneficial to the individual and not to the disease—but it must be remembered that different poisons act differently: thus, for instance, another vegetable alkaloid, atropin, with frogs produces spasms at the lower temperature, whilst at the higher, paralysis results. In the same way we have no reason to suppose that the poisons produced by bacteria all act exactly in the same manner, nor is identical treatment recommended: for instance, we are taught to use *hot* fomentations in cases of phlegmonous erysipelas, etc., so here, probably, the poison has a less deleterious effect when the tissues are kept warm.

We may take it as a general principle that micro-organisms cannot gain a hold unless there is some paralysis of the tissue elements—such a comatose condition of the cells may be caused (i.) by the actual virulence of the poison secreted, (ii.) by a relative increase of virulence due to some deviation from the optimum temperature of the exposed area or, (iii.), lastly, to some mechanical lesion of the part. The second of these factors concerns us here: the most delicate surface ordinarily exposed to the influence of cold as well as to the possibility of collecting micro-organisms is the mucous membrane of the nasal fossæ, and who would deny that the common cold is a far from uncommon malady, whose ætiology is suggested to be bound up with the interaction of these two factors: speaking generally, the nasal fossæ seem to be a favourite spot for infection with microphytes, to wit, glanders and distemper, and probably others; who knows the site of infection in most of the exanthems, in some of which coryza is at any rate an early symptom?

Some pyrexias of bacterial origin may possibly be regarded as the physiological protective reaction, just as the processes of inflammation, against the noxa, but it would take up more of your space than you would probably allow me, were I to enter into the discussion of this allied question.

The problem of the influence of cold is so important, and of such interest, that I trust that further remarks on the subject may be seen in the columns of the GUY'S HOSPITAL GAZETTE before long, from abler pens.—Yours, etc.,

H. E. D.

* Archives de Phys. (Brown Séquard) Jan. 1889.

THE COLLEGE LIBRARY.

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A Competition in Boxing and Gymnastics will take place during the last week in March.

BOXING.—1. Under 10st. 2. Between 10st. and 11st. 4lb. 3. Over 11st. 4lb.

GYMNASTICS —Four squads will be drawn by lot, and will work under the following leaders:—Messrs. E. Budge, D. W. Martin, F. S. Brereton, and W. Bligh.

Prizes will be given in each of the three classes in the Boxing, and to the winning squad in the Gymnastics; the money for these has been kindly given by a member of the Gymnasium.

Entries must be handed in as soon as possible to the Hon. Sec., Mr. W. Bligh.

There will be no entrance fee.

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Kirkby, R. C. Manning, T. D.

EXCLUDING PHYSIOLOGY.

Adams, E. L. Allan, A. P.

PHYSIOLOGY ONLY.

Card, A. H. Jewell, W. H.

Park, W. C. C.

APPOINTMENTS.

Assistant House-Physician.—J. H. Bryant, M.B., B.S. for March and April.

Assistant House-Surgeons.—From March to June—T. G. Stevens, M.B., B.S.; F. Wellford, M.A., M.B., B.C.

PINK, THOS., M.R.C.S.—Medical Officer for the Kingscliffe District of the Oundle District.

The following appointments have been made at the Admiralty—Walter J. Bearlock, Surgeon, to the *Hearty*; E. E. P. Tindall, gent., H. B. Marriott, gent., N. L. Richards, gent., and G. M. McGregor, gent., having passed the required examination to be surgeons.

COMING EVENTS.

Feb. 28 Smoking Concert, 8 p.m.

March 2 Applications received for two House Physicians and two House Surgeons for April, and Assistant House Physician for May. April Appointment List opened.

3 Provisional date for Guy's v. St. Bartholomews (semi-final tie for Association Cup.)

4 Application to be made for Schedules for the first and second conjoint examinations not later than this date.

5 Guy's v. St. Thomas's. Final match in the Hospital Rugby Cup competition.

7 Clinical Evening (Guy's Physical Society).

14 April Appointment List closed. Special Dental and Library number of the GAZETTE published.

RECENT PUBLICATIONS.

Althaus' The Treatment of Syphilis of the Nervous System. Crown 8vo., 1/6.

Barnes' A Manual of Midwifery for Midwives. Post 8vo., 6/-

Berry's The Elements of Ophthalmoscopic Diagnosis. Post 8vo., 3/6.

Bridger's Dr. Koch's Remedy. 12mo., 1/-

Browne's (Lennox) Koch's Remedy in relation to Throat Consumption. 8vo., 5/-

Cotterill and Slade's Lessons in Applied Mechanics. 12mo., 5/6.

Cullimore's The Book of Climates. 2nd edition. Post 8vo., 4/6.

Darwin's On the Structure and Distribution of Coral Reefs. 12mo., 1/-

Goodhart's The Diseases of Children. 4th edition. 12mo., 10/-

Hatfield's A Compend of Diseases of Children. Post 8vo., 4/6.

Hutchinson's Archives of Surgery. Vol. 1. Plates I-XXII. 8vo., 10/6.

Ladd's Outlines of Physiological Psychology. 8vo., 12/-

Morris' A Compend of Gynœcology. Post 8vo., 4/6.

Murche's An Elementary Text Book of Physiology. 12mo., 2/-

Paget's (Sir J.) Studies of Old Case Books. 8vo., 8/6.

Squire's Supplement to the Companion of the British Pharmacopœia, including additions, 1890. 8vo., 1/-

Stockman's New Official Remedies. Post 8vo., 2/-

Thompson's (Sir H.) Food and Feeding. 6th edition. Post 8vo., 3/6.

Trumbull's (H. C.) Hints on Child-Training. Post 8vo., 3/6.

Year-book of Treatment (The) for 1891. Post 8vo., 7/6.

Passim.

The next issue of the Gazette will be a special one, and the editors would be glad if all those who desire extra copies will apply at once to the Librarian.

It will contain a picture of the new Dental, Bacteriological and Physical Buildings, with descriptions of them by the heads of the various departments, a Clinical Lecture by Dr. Hale White on Pernicious Anœmia, and an account of the new College Library.

We are glad to note that in the midst of the preparations for the building of the new Dental School, the College has not been forgotten and left out in the cold. Several little improvements have been effected during the week, slight enough in themselves perhaps, but still it is just this attention to details that makes a place seem homelike. Thus large flower-boxes have been placed round the quad, and set with bulbs in anticipation of the coming Spring. Then again, some really handsome wrought-iron gas lamps have been placed one over each of the main doors, and form a very effective ornament. In the Reading-room the clang of busy hammers prohibits for a time any serious study, for the carpenters are hard at work fixing shelves and cupboards for the new Library; everywhere there is a bustle and activity that speaks well for the vitality of the College.

The result of the examination for the Indian Medical Service reflects great credit upon our hospital. Mr. F. H. Brown passed first on the list and obtained 300 marks more than the second man; and Mr. A. T. Brown took the fourth place. We congratulate both these gentlemen most heartily.

We have also received the list of successful candidates for the Navy Medical Service. Mr. E. E. P. Tindall passed 3rd; Mr. H. B. Marriot 6th; Mr. N. L. Richards 9th; and Mr. G. Macgregor 11th. These naval surgeons begin their preliminary training at Hasler on Tuesday week.

Guy's has been twitted lately in print for being behind the times, because no results of the Koch treatment for Tubercular diseases have been published. Are the medical world at large *still* unaware of the fact that our Staff are not in the habit of jumping into print until they have patiently and carefully investigated *all* the features and effects of a new cure or rare disease. It would be a very good thing if some of our contemporaries would follow the example thus set them.

The twentieth annual report of the Dawlish Cottage Hospital has been sent to us by Mr. A. de Winter Baker, one of its medical officers, who is an old Guy's man. The hospital is evidently of great use in the neighbourhood, as shown by the report, and it is prospering financially. It would be a great boon if more of these institutions were erected round London to take the strain off our large hospitals, and to afford immediate relief for accidents, &c.

At the moment of going to press we hear that Mr. Edward Cock, our Senior Consulting Surgeon, has added one more to the many acts of kindness which, during the last half century, have endeared him to all Guy's men. He has shewn the keen interest he still takes in the Guy's student and all that adds to his welfare and happiness, by sending a donation of fifty pounds to the College Library.

We have printed a list of the prize examinations, and hope it will result in there being a large competition for them. We especially draw the attention of 'Varsity men to the Beaney prize for which they are eligible.

Old Guy's men will be glad to hear of Dr. Dakin's appointment to St. George's Hospital

as Obstetric Physician. His career at Guy's was a distinguished one; he held nearly every appointment, and was elected House Physician in 1884.

Students who wish to attend the Asylums Board Fever Hospitals can obtain a certificate of admission on applying at the Medical Office.

Mr. A. Wynter Blyth, whose book on Public Health we reviewed a short time ago, has been elected to the Professorship of Hygiene and Public Health at the College of State Medicine, and will commence his Classes early in April.

We recommend the Debaters of February 7th to read Mr. Erichsen's address on the "Revised Scheme" of the University of London, delivered at the annual general meeting of the members of University College, and printed in the *Lancet* of this week.

Once more the Assistant House-Surgeoncy at the Kent and Canterbury Hospital has been awarded to a Guy's man. Mr. Arthur C. Elliman is to follow in the steps of Mr. W. F. A. Clowes.

PRIZE EXAMINATIONS.

The following Prize Examinations will be held very shortly:—

March 19th. The Arthur Durham Prizes for Dissection. Two prizes for dissection offered for competition annually, one of £5 to students in their first year, the other of £15 to students of later years.

March 24th. Michael Harris Prize, of the value of £10. Subject—Human Anatomy, including minute Anatomy. Open to students who have not entered earlier than May, 1889.

March 25th. Golding-Bird Prize. Subject—The Methods of Diagnosis in Disease; that is, the physical examination of patients, including the employment of instruments and of chemical processes. Open to students who have entered not earlier than May, 1887.

March 25th. The Beaney Prize, of the value of Thirty Guineas. Open to Guy's students who have not exceeded five years' study at a recognized Medical School, of which one year at least shall have been spent at Guy's Hospital.

Physical Society.

A meeting of the Society was held on Saturday, February 7th, when Mr. F. W. Hall brought forward the following motion—"That the Medical Degree of the University of London as it now stands is satisfactory, and that any lowering of the standard of examination is unadvisable, and detrimental to the best interests of the medical profession." In advocating his cause, Mr. Hall reminded his hearers that the London University had always been to the fore as regards the severity of its examinations, and that it admitted as graduates people of either sex, and made no distinction as to nationality or religious persuasion. If an M.D. degree was of such importance to a London student, he did not object to a modified examination, provided another title was given, and not that of M.D. Lond.

Mr. Mackeson considered that all well-educated medical students should have the opportunity of obtaining an M.D. degree without leaving London, and he thought that the London University degree did not afford them this chance, as it took an average of 8½ years to obtain it, and the examinations required a depth of knowledge which even a "well-educated medical student" might be forgiven for not having probed. He also urged that the University fostered a system of cramming, and thought that the teachers at the various medical schools ought to be better represented on the senate. He would suggest that the matriculation examination be modified, that the Preliminary Scientific be entirely altered, and that the standard of the M.D. examination be lowered.

Mr. Davis supported Mr. Hall, and did not consider the present standard at all too high.

Mr. T. R. Taylor objected to the turning of the University into a kind of grammar school, which, he said, would be the case if the matriculation examination were altered. He also said he was sure the Preliminary Scientific was an eminently practical examination, as evidenced by the candidates having to dissect various animals, and to pass bristles into the numerous apertures in the snail, the lobster and the pigeon. He was of opinion that the teachers and not the students were agitating for the change.

Mr. Daldy opposed the motion, and thought the M.D. too hard for any man, even of average capabilities.

The following gentlemen also spoke—Messrs. Wakefield, Hickman, Gill, Young, Williams, Hopkins, Fawcett, Bryant, Steele, Pendred, and Colclough.

At the termination of the debate, the motion was carried by 35 votes to 7.

A Meeting of the Physical Society took place on Saturday last at half-past seven. Mr. Sharp took the chair, and was surrounded by a large audience including the Hon. Secretaries and Drs. Starling and Campbell.

Mr. TAYLOR read a paper on Protoplasm; a full account of which we hope to publish in the near future. Suffice it to say that it was one of the most able papers we have yet heard read before this historic body.

Mr. DALDY congratulated Mr. Taylor on his most able paper; no part of it was more interesting than his history of the growth of knowledge on this most difficult subject; point by point, observer after observer, had added his unit to their knowledge, until now they had a definite foundation upon which to work. It was almost exciting to note this gradual growth of knowledge. Animal living tissue had been studied under the name of *Sarcode;* botanists had named the vegetable substance *Protoplasm*, and Max Schultz had proved the identity of the two substances one with the other. He wished Bütsehli had been an Englishman, for his observations were so remarkable, particularly his manufacture of small masses of jelly capable of amœboid movements. He would have preferred to have an English observer vouching for their truth; or, if true, he would have wished an Englishman to have had the credit of such a discovery. Mr. Taylor's view that the unit of the organic world was a granule and that cells were colonies of granules, was a most seductive theory, but he left quite unaccounted for the inter-granular matter of cells.

Mr. LEATHES said that it appeared to him inconceivable that vital processes could be the same as movements brought about in an oil emulsion. Mr. Taylor had only reached the fringe of ideas on protoplasm when he discussed the emulsion theory; and he wished he had touched on it from a psycological point of view.

Mr. BLIGH then advanced the theory that the granules contained in the cells of which Mr. Taylor spoke, and which looked so much like spirillæ and other forms of micro-organic life, were really bacteria on which the real protoplasm or intergranular substance presided over by the nucleus was feeding. According to this theory the food of man and other animals was merely taken to provide a suitable media in which bacteria could thrive and multiply. In order to present to their cells a good supply of organisms they hung their mutton and beef for some time, and the satisfying properties of game, and the ease with which the liver was upset by it, were due to the hepatic cells having great difficulty in overcoming and destroying such a host of low life; for, though the protoplasm fed on the bacteria, the bacteria were equally willing to devour the protoplasm, and so cause death, which was really a decomposition of the cell. The nucleus was the butcher of the cell, as was proved by all cells that destroy being multinucleated, *e.g.*, osteoclasts, &c., and it was better to defend itself against the tubercle bacillus that the cell attacked became a multinucleated giant cell.

Mr. G. MACKESON said he felt very indignant that any enlightened being could suggest the bacterium termo or the streptococcus as the ancestor of man. He was very sorry that Mr. Taylor had not mentioned the nucleus; did he believe it was made of protoplasm? The idea of the speaker was that it, the nucleus, was the author of their being, and he quoted the following doggerel in support of this assumption:—

"When first the protoplasmic cell
Tries to become a mother;
Its little nucleus subdivides,
And thus it forms another.

The granules are but passive things,
That you must clearly gather,
And common sense, I think, must show
The nucleus is the father."

Mr. HOPKINS said that the complex molecule of protoplasm was probably of a nature which might be roughly indicated by the analogy of a fountain jet. The latter had an apparently continuous and definite form; but it was really a kinetic and not a static condition, and could therefore not be isolated. He could never hope to analyse the substance; but that a synthesis might be effected was at any rate not unthinkable, though very unlikely. He thought that the emulsion theory indicated an analogy only. The potential energy of an emulsion might be the mechanism by which protoplasmic contraction took place; but they were not to understand more from the movements of the emulsion drops than the indication of such an analogy.

Mr. HOWARD suggested that the movement seen in the oil emulsion might be the well-known Brownian movement, and might thus be referred to physical causes.

Mr. A. SALTER asked a question as to the nucleation of bacteria, of which he had read, and which he believed was ascribed to Koch.

Mr. TAYLOR replied, and at the close of the meeting showed microscopic specimens illustrating his paper.

Reviews.

Diabetes: The Causes, Symptoms, and Treatment. By C. W. PURDY, M.D. (F. A. Davis, Berners Street). This volume furnishes both Physician and Student with a clear statement of the present position of our knowledge on the subject of Diabetes. The author has evidently had great experience in the treatment of the disease, and his rules as to dietaries are the most valuable we have yet seen. He especially mentions the Soja bean, which has lately been tried with great success by Dr. Hale-White, and urges the profession to endeavour to get rid of the sugar by diet alone, and only when they find continued dieting fail, to have recourse to drugs.

He thinks that opium should be reserved for the most for cases which other methods of treatment have failed to touch, as the dose required to control the excretion of sugar is usually so large that it has, sooner or later

to be abandoned. He condemns antipyrin as being altogether useless, but thinks the inhalations of oxygen gas, recommended by Bouchard and Demarquay, are very beneficial. The subject of Diabetic Coma is hardly treated exhaustively enough, in view of the recent investigations made as to its real nature and causation.

This book is the eighth volume of the Physicians' and Students' Ready Reference Series.

Text Book of Physiological and Pathological Chemistry for Physicians and Students, by G. Bunge, Translated from the Second German Edition by the late L. E. Wooldridge, M.D., D.Sc. (Kegan Paul).

We have too long delayed to urge the claims of this admirable translation upon the readers of the GAZETTE; by this time, we doubt not, a very large proportion will have discovered its merits for themselves. But if there be any who may be led by a few remarks in these columns to peruse the work for the first time, we are certain of earning their gratitude.

No Guy's man can ever think of what was lost to Science, and to the Hospital, by Dr. Wooldridge's death, without a feeling of deep sadness. As we read his Scientific Papers now, they seem to limn the outlines, as it were, of a great intellectual picture, of a real work of art, such as his life-work would have been had he lived to complete it. Every touch is that of an artist, and every line suggestive; but, alas, the work is in outline only, and it will be long, maybe, ere those are found worthy to complete the picture. The function of such as he, is to hasten the normal progress of science by a generation; when such are removed the current of knowledge must needs slow down. Among those who are enthusiasts for the credit of Guy's, the word should freely pass just now that it was a Guy's man who really originated the essential methods of the therapeutic process which has just been exciting the world.

Had he been spared, and free to work without restrictive legislation, Wooldridge might have gained for England, and, maybe, in fuller measure, the credit which now belongs to Germany. It would be well for Guy's men to keep his memory green.

We are glad to know that such of his unpublished work as is capable of being edited is in the able hands of his successor at Guy's, and, meanwhile, feel grateful even for a translation initiated by him. Mrs. Wooldridge states in a prefatory note that the translation was begun by her husband and herself together, and finished by her with the assistance of her father, Sir Edward Sieveking.

We have spoken of the *suggestiveness* of Dr. Wooldridge's own work. It is a merit, second only to veracity itself, in scientific writings; and the present volume has the quality in full measure.

The relative physiological distribution of potash and soda, for instance, might not seem a subject in which much intrinsic interest would be found; yet it would be difficult to find a chapter in any scientific text book as fascinating as that in which Bunge treats this question; simply because the treatment stimulates fresh ideas in the mind of the reader at every line.

The translation is from the Second German Edition which was issued in July, 1889, and the whole subject is fully up to date. The work of Minkowski, for instance, on the formation of Uric Acid in the body, and on the chemistry of jaundice and diabetes, which has led to so many valuable results during the past five or six years are fully detailed, as are those of Munk upon the formation of fats. The whole subject of the chemistry of respiration is treated more fully and scientifically than in any other existing text-book; and Lecture xvi. on the nitrogenous products of metabolism is an admirable summary of an important and difficult subject. In the section devoted to the composition of urine, we would specially call attention to the discussion on the sulphur compounds as of interest to clinical students. Bunge, indeed, justifies throughout his claim to write for "physicians and students," the references to the clinical bearing of his facts being copious and generally justified.

The very nature of the work, perhaps, prevents its being wholly free, here and there, from a bias in favour of the personal views of the author; for it is not a text-book, in the sense that Halliburton's recent work may be so termed, but a continuous and closely argued exposition of the science. All readers may not be able, for instance, to agree with the statements as to the non-absorbability of iron, and as to the origin of hæmoglobin. But throughout the book copious reference to original sources is always given, so that such occasional bias is not dangerous. We hold that, in a science like physiology, every text-book beyond the most elementary should be supplied with such reference to original papers.

Definite harm is continually resulting, especially among medical students, from the fact that the average reader confines his attentions to one particular text book which eschews such references. However capable a man may be of original thought his inspirations are very liable to lead to nothing, because, probably, the full bearing of the facts is "not in Foster," and, therefore, according to his traditions, is unimportant. The value of such a critique of the science as our standard text book gives is, of course, immense, but we venture to assert that foot-note references, like those given by Bunge, and reproduced in the present translation, would help to create English physiologists, by assisting readers to the fascination of following up their own original inspirations born of the side issues of the text.

In conclusion, we are certain that all readers of this very excellent translation will join us in thanking Mrs. Wooldridge for determining to complete the work. As is well known, the interest she always took in everything connected with her husband's labours was absorbing, and we, as well as he, have reaped the benefit.

Studies of Old Case Books, by Sir JAMES PAGET, Bart We have received this handy little volume from the publishers, Messrs. Longmans & Co., and we have derived

much pleasure from its perusal. There are few ways in which a surgeon of mature and varied experience can render better assistance to his younger brethren than by relating such clinical facts and incidents as have most deeply impressed his memory by their importance. But inasmuch as accuracy of observation and of statement are essential, these details should be drawn from records made at the time when the cases occurred. For the surgeon who has habitually kept note of his cases throughout the whole of his career, the difficulty is in the method of using the enormous mass of material which has accumulated, in selecting what is most interesting, and in discarding what is useless through imperfect observation or the progress of knowledge. And as he retraces his steps through a path which has been beaten out with so much toil and labour, it must often occur to him that the time and effort expended over his case books have been almost entirely wasted. It is impossible, however, to measure the amount of self-instruction which has been imperceptibly gained in the compilation of such notes, and for that reason, if for no other, the practice is to be commended. In the "Studies" which are before us, Sir James Paget has written a series of short surgical essays on a variety of subjects, some of which might be reckoned among the minor ailments, but all are interesting and important. By his previous writings, long since become classical, Sir James Paget is known as a learned and philosophical author, whose style is attractive as it is pure and suggestive. The present volume makes no claim to the completeness of the well-known "Clinical Lectures," yet its sketches are well worth careful perusal and thoughtful study. Perhaps the most interesting of these, as well as the most philosophical, is that dealing with the chronometry of life, or the "unpunctualies in life," as he happily puts it—in which it is shown that important and useful knowledge may be gained by the study of deviations from the normal time-rates of life. These deviations fall naturally into two classes. In the one all parts of the organism change equally too fast or too slow; in the other there is a premature degeneration of one or more parts. The practical conclusion which the author draws is, that we should not be content with asking a patient how old he is, we should ask ourselves how old is his heart, or his brain, or any other part which seems less healthy than the rest. It is impossible to do justice to these "Studies" in the space at our disposal, and it must suffice to say that the book is rich in valuable suggestions and practical hints. It is neatly bound, and the type is excellent. Price 6/6 nett.

ROYAL COLLEGE OF PHYSICIANS.

The Goulstonian Lectures will be delivered by Dr. T. Oliver on March 3, 5, and 10, on "Lead Poisoning in its Acute and Chronic Manifestations."

The Lumleian Lectures will be delivered on March 12, 17, and 19, by Dr. Broadbent, on "Structural Diseases of the Heart, from the point of view of Prognosis."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Syllabus of Three Lectures on the Structure and Development of the Skeleton of the Head, the Nervous System, and Sensory Organs of Insects, in relation to Recent Views on the Origin of Vertebrates, to be delivered in the Theatre of the College, Lincoln's Inn Fields, on Monday, Wednesday, and Friday, March 2nd, 4th, and 6th, at 5 o'clock each day, by PROFESSOR BENJAMIN THOMPSON LOWNE, F.R.C.S.

LECTURE I.—MONDAY, MARCH 2ND.

Introductory remarks on the Theory of Ivolution.—Acquired Metamorphosis, and its effects on the final stages of development.—Segmentation in Anthropods and Vertebrates.—The Neural, Neurenteric, and Alimentary Canal.—Appendages.—The origin of Branchial Arches.—The "*Limulus* Theory."

LECTURE II.—WEDNESDAY, MARCH 4TH.

The Cephalic Capsule.—Its development compared with that of the Vertebrate Skull.—The structure and development of the Nervous System in Arthropods.—Nerves and Sense-capsules.—The Median Eyes and Ventricle.

LECTURE III.—FRIDAY, MARCH 6TH.

Sporadic median and paired Eyes.—The structure and development of the Compound Eye.—Its Optical properties. — Theories of Arthropod Vision. — Concluding remarks.

These lectures may be attended by all Medical Students without fee.

Sport.

CRICKET.

The following fixtures have already been made for the coming season for the First Eleven:—

May	2nd,	Sat.,	11 a.m.	v. Beckenham.
,,	6th,	Wed.,	—	v. Ealing.
,,	9th,	Sat.,	—	v. Tunbridge Wells.
,,	16th,	Sat.,	—	v. R.I.E.C., Cooper's Hill.
,,	23rd,	Sat.,	—	v. Crystal Palace.
,,	27th,	Wed.,	2 p.m.,	v. Christ's College, Finchley.
,,	30th,	Sat.,	11 a.m.,	v. Bickley Park.
June	6th,	Sat.,	—	v. Brentwood.
,,	10th,	Wed.,	—	v. Streatham.
,,	13th,	Sat.,	—	v. Kensington Park.
,,	16th,	Tues.,	—	v. Blackheath.
,,	20th,	Sat.,	—	v. Surbiton.
,,	27th,	Sat.,	—	v. Rickmansworth.
July	4th,	Sat.,	—	v. Upper Tooting.
,,	8th,	Wed.,	—	v. Richmond.

The team will go on tour on August 4th, and play Gloucester, Cardiff, Newport and Swansea.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. ST. GEORGE'S.—CUP TIE.

This Cup Tie was played at Raynes Park on Tuesday, February 17th, and ended in a very one-sided result, as the home team proved victorious by eight goals to none. The match was watched by a large (for an Association Cup Tie) and applauding crowd of Guy's students, despite the presence of a fog, which at times threatened to interfere with the play. During the first half the play was none too one-sided, as George's right wing forwards needed a good deal of looking after, but the home team scored three times, first by Hibbard, then Fisher, and lastly by Cotterill. During the second half George's fell off a good deal both in defence and attack, and our men scored five times, three times from the foot of Hibbard, and one each by Mitchell and Cotterill. George's certainly had a few chances of scoring, but on the whole they were overpowered at all points of the game, and our team are to be congratulated on the easy way in which they disposed of them.

Team—E. H. Cartwright (goal), W. S. Frith and H. D. Packer (backs), A. M. Daniel, H. C. Sharp, and W. Poole (halves), W. H. Fisher, C. E. Hibbard, W. G. Mitchell, L. L. Cotterill and G. Lawrence (forwards).

GUY'S HOSPITAL v. WATFORD.

The Hospital team (or the remains of the first team, only six of the Cup team being present) journeyed down to Watford on Saturday the 21st, and played a very enjoyable game against the local team, whose ranks were also weakened by several absentees. The game was watched by a large number of enthusiastic spectators, some of whom seemed rather to enjoy seeing their representatives get the worst of it for once in a way. The locals started the ball and at once pressed, the Hospital playing one short for the first ten minutes; but the Hospital team soon asserted themselves, and Fisher sent in a shot which the local goal-keeper failed to get at. Soon after this Bradley, from a grand shot from nearly on the touch line, scored a second point for the Hospital; and at half-time the score was—Guy's two goals to nil. In the second half the local forwards rushed the ball down several times, but partly through bad combination on their side, and good goal-keeping on our side, they failed to score. But owing to a miss-kick on the part of one of their backs, Lawrence got possession of the ball in midfield, and rushing it down at full speed scored a third point for Guy's, and just before time, from a splendidly placed corner by Poole, Kirkley notched the fourth and last point for Guy's, who thus won by four goals to none.

TEST EXAMINATION IN ANATOMY.

We are authorised to state that the Test Examination for Second Year's Men will be held on Monday, March 9th, from 10 a.m. to 1 p.m.

Advertisements.

A List is kept in the Medical Office of Old Guy's men and others, who are desirous of transferring their Practices, &c., and of gentlemen willing to act as Locum Tenens, Assistants, &c.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may in future be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should, in the first instance, be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

AN M.R.C.S., L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or South of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. WELLS, Guy's Hospital.

WANTED by M.B. Lond. (Guy's and Rotunda Hospital, Dublin), aged 30, with experience in private practice, a partnership in a good class practice in town (one-third share not less than £500); or, a good class practice with partnership introduction in the country, or a partnership with prospect of early succession to the whole.—Address, G., Medical School Office, Guy's.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

BOOKS! BOOKS! WANTED—in good condition; cheap. Cornil and Ranvier. Path. Vol. II. Walsham's Surgery. Green's Path. Lewer's Dis. of Women. Galabin Manual of Mid. Hilton's Rest and Pain. Ziegler's Path. Must be last editions.—Apply Librarian.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

AN M.R.C.S., L.R.C.P. wishes to meet with a Country Practice in Midlands or South of England. Income from £500 to £800. Must be open to thorough investigation. Married. Aged 28, and with some experience.—Mr. Wells, Guy's.

INSTRUMENTS.—For Sale. The property of a medical man giving up practice, all purchased within the last three years;—Clover's Ether Inhaler, in case, complete; Potaine's Aspirator; Nettleship's improved Opthalmoscope; fitted Midwifery Bag; Set of Trial Lenses, with test-type, etc.; Laryngoscope; Miniature Pocket Case; and a number of other instruments for Throat, Nose, and Eye work. Full list from Helix, care of Mr. Wells, School Office, Guy's Hospital, S.E.

BOOKS.—For Sale. Berry's Diseases of the Eye; Jamieson's Diseases of the Skin; Guy and Ferrier's Forensic Medicine; Payne's General Pathology, all last editions and in new condition; Illustrated Medical News, unbound, complete. Fuller list from Mr. Wells.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

MARCH 14, 1891.

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THE DENTAL SCHOOL.

We are very pleased to announce to our readers that the Governors have resolved to erect a complete Dental School within the Hospital.

The existing Conservation Room was built in 1889, and opened on October 1st of that year. Few months had elapsed before it became evident that there would be lack neither of patients nor of students, but that the Conservation Room could not contain them. Daily experience proved that the boldly original design on which the Conservation Room was erected left little scope for improvement in the matter of light or general arrangements, and the dental students were not slow to appreciate the harmonious combination of their special and general studies afforded beneath the roof of Guy's Hospital. Meanwhile the limit of available space had been reached, and the total number of operations performed, including a high percentage of fillings, now exceeds one thousand per month.

The new School will be a model building combining all that is requisite for the practice and teaching of Dental Surgery. The Extraction Rooms will remain in the Out-patient Department of the Hospital, and all patients requiring treatment must apply there in the first instance. The Dental officers will continue to select cases suitable for conservative treatment, and recommend for operations under anæsthetics. Patients transferred to the Conservation Room will be seen by appointment on all occasions after the first. There will be two waiting rooms in the new building, one of which will be general, and the other will be reserved for women and children. Each room will have separate lavatory accommodation. The total length of the waiting rooms is 64 feet.

Above the waiting rooms will be a Laboratory 64 feet long, 12 feet 6 inches high, lit by windows on three sides. This laboratory will be used for the instruction of students in making dentures, regulation plates, and mechanical appliances for the treatment of dental irregularities and oral deformities. Cases suitable for treatment will be found within the Hospital, but it is not intended to substitute the teaching in the laboratory for the 3 years' pupilage in dental mechanics, which should be completed before the Hospital Course is commenced; nor can there be any attempt to meet the requirements of the poor in the matter of artificial teeth. No charge of any kind will be made for the work done in the Laboratory.

On the second floor above the laboratory will be the new Conservation Room, 110 by 24 feet, containing 50 modern operating chairs on three tiers, and adjoining it, a lecture room more than 50 feet long. The Conservation Room stands

on a higher level than any buildings facing it, and will be lit by numerous windows in front. The roof will be largely composed of glass. In these details the lines of the present Conservation Room will be reproduced on an extended scale, with the additional advantage of altitude and a N.E. aspect. Such favourable combinations are likely to render the new Conservation Room a unique edifice. As matter of detail there will be students' lockers, and glass cases on the walls for museum specimens.

The Conservation Room will be connected with the waiting rooms and laboratory by means of speaking tubes, and there will probably be a telephone to the Extraction rooms. The whole building will be wired for the electric light, but lighting by electricity will be deferred for a time.

The foundations will be begun next month, and it is hoped that the new School will be ready by the commencement of the winter session. Meanwhile, the present Conservation Room will be left intact as long as possible, and no difficulty is anticipated in providing satisfactory temporary accommodation when necessary, to enable the work of the department to continue uninterruptedly.

THE COLLEGE LIBRARY.

As there are rumours that in a few weeks' time the much talked of Library of General Literature, in connection with the Students' Club, will be an accomplished fact, it may interest our readers to hear how the movement originated, and in what manner it is proposed to carry out this very desirable addition to the luxuries of our Medical School.

Soon after the opening of the College last March, Mr. Gladstone suggested to the Treasurer that it would be greatly to the advantage of the students taking up their quarters there, that a lending library of non-medical books should be established in the building. At the same time he offered to present a parcel of books as a nucleus, and a few days' later several packages arrived accompanied by a list which we published in our columns as indicating the style of literature which Mr. Gladstone thought suitable for the leisure reading of medical students. On opening these treasures the other day it was discovered that the list supplied was by no means complete, and we now therefore append a full list of Mr. Gladstone's present:—

Dyce's Shakspeare; Hallam's History of England, History of the Middle Ages, and Literature of Europe; Abbey's English Church; Milman's Latin Christianity; Boswell's Johnson; Grote's Greece; Scott's Poems and the Waverley Novels; May's Constitutional History; Russell's Speeches; Butler's Analogy and Sermons; Pye-Smith's Testimony to the Messiah; The Globe Encyclopædia; Reminiscences and Correspondence of Knox; Hooker's Works; Wordsworth; and the following Poets in the Aldine Series:—Spenser, Chaucer, Cowper, Akenside, Pope, Dryden, Milton, Churchill, Collins, Parnell, Shakspeare, Kirke White, Young, Burns, Swift, Wyatt, Gray, Beattie, Thompson, Butler, Prior, Goldsmith, Falconer, and Surrey (142 volumes in all).

In accordance with Mr. Gladstone's suggestion the Treasurer invited contributions from the Governors of the Hospital, who liberally responded, some in kind and some in money. Among the most popular gifts of books will be Mr. Harvey's present of the complete Badminton Library of Sport. At the same time the Gazette opened its columns for a subscription list, and invited contributions from the Staff of the Medical School and from past and present Students. The result of our combined efforts has been to raise a sum of over £250 and several presents and promises of books. Among the more interesting of the latter may be mentioned the Treasurer's present of several bound volumes of the Nineteenth Century and Quarterly Review; Mr. Bligh's present of over 100 volumes of

Temple Bar and MacMillan's Magazine; Dr. Pye-Smith's present of an Encyclopædia; two works by Mr. Pidgeon, presented by the author; and Mr. Clement Lucas's selected novels.

With the view of gaining some idea of what are the most popular books among Medical Students of the present day, the Gazette offered a prize competition on the lines of the "plebiscites" which have been so common among many journals of late for the best hundred books. The competition evoked much interest, and the prize was won by Mr. D. T. Jones with a most interesting list of books which we published at the time. We understand that the lists thus brought to light have been invaluable to the Selection Sub-Committee, the result of whose arduous duties will soon be laid open to the friendly criticism of the frequenters of the Library.

The question of the location of the Library was easily settled in favour of the Reading Room, which will henceforth be promoted to the more dignified title. Mr. Woodd, the Architect of the College, kindly drew up plans, whereby, when enough money is available, this room may be converted into a most convenient and thoroughly cosy library, and so much of his design as can at present be afforded has already been carried out. On the principle that good books deserve well housing, it has been determined to divide the money subscribed equally between the building of book cases and the purchase of books.

As to these said books that are to be purchased to start with, we have been privileged to glance for a few minutes at the preliminary list, but as it has not yet received official sanction we may say no more about it, than that it appeared to us to be very carefully selected so as to combine light and heavy recreation in suitable proportions. Moreover we have heard it whispered that it is proposed to subscribe to Mudie's, so that the man who desires to be well informed upon the latest item of the most ephemeral literature will have his chance.

But of all the gifts to the Library that which we prize the most is Mr. Cock's most generous donation of £50, which was announced in the last issue of the Gazette. To most of us students about the Hospital now Mr. Cock, our Senior Consulting Surgeon, is known only by name, but the affectionate manner in which our seniors who knew him well always speak of "dear old Teddie Cock," has developed in the hearts of even the youngest of us a sincere regard for one who has been officially connected with our Medical School for over half a century. That Mr. Cock, now in his 87th year, as he reminds us in the letter which accompanies his donation, and suffering much from ill-health, should still be seeking opportunities to benefit "his boys," tells us pretty plainly how it is that there is no name more powerful than his to arouse enthusiasm among old Guy's men in all parts of the world.

SUBSCRIPTION LIST.

Edward Cock, Esq., F.R.C.S.	£50	0	0
F. W. Pavy, Esq., M.D., F.R.S.	10	10	0
P. H. Pye-Smith, Esq., M.D., F.R.S. ...	10	10	0
A. E. Durham, Esq., F.R.C.S.	10	10	0
H. Hucks Gibbs, Esq., President	10	0	0
E. H. Lushington, Esq., Treasurer	10	0	0
Sir Henry Peek	10	0	0
O. Smith, Esq.	10	0	0
H. Fellowes, Esq.	10	0	0
H. C. Bonsor, Esq.	10	0	0
Hugh Smith, Esq.	10	0	0
A. L. Cohen, Esq.	5	0	0
C. J. Symonds, Esq., M.S.	5	5	0
L. E. Shaw, Esq., M.D.	5	5	0
N. Davies-Colley, Esq., M.C.	5	5	0
P. Horrocks, Esq., M.D.	5	5	0
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Miss Gibbs	5	0	0
H. G. Howse, Esq., M.S.	5	0	0
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W. A. Lane, Esq., M.S.	3	3	0
E. C. Perry, Esq., M.D.	3	3	0
G. Newton Pitt, Esq., M.D.	3	3	0

SUBSCRIPTIONS (*continued*).

C. H. Golding-Bird, Esq., F.R.C.S.	3	3	0
Col. Curtis Hayward	2	2	0
Sir John Kennaway	2	2	0
H. H. Austen, Esq., M.D.	2	2	0
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F. Newland-Pedley, Esq., F.R.C.S.	2	2	0
W. Laidlaw Purves, Esq., M.D.	2	2	0
J. W. Washbourn, Esq., M.D.	2	2	0
C. E. Groves, Esq., F.R.S.	2	2	0
C. Higgens, Esq., F.R.C.S.	2	2	0
F. H. Shaw, Esq.	1	1	0
W. H. A. Jacobson, Esq. M.Ch.	1	1	0
A. H. Tubby, Esq., M.S.	1	1	0
J. A. Ball, Esq., M.B.	1	1	0
H. Murray, Esq., L.D.S.	1	1	0
V. N. J. Jayne, Esq.	1	1	0
H. Vigne, Esq.	1	1	0
H. St. G. S. Hore	1	1	0
J. Wightman, Esq., Edinburgh	1	0	0
H. F. Greig	1	0	0
Sundries	7	8	6
	£259	13	6

PERNICIOUS ANÆMIA.

Notes of Two Clinical Lectures by Dr. Hale White.

LECTURE I.

There being no suitable case in Clinical Ward, Dr. White said he had chosen the subject of Pernicious Anæmia as he was able to show his hearers a man who had suffered from this disease, and had been cured. In March, 1887, he was attacked with weakness, and in May he had to take to his bed, as he could not stand alone. In June he was admitted into John Ward. He was a man aged 42; no important points in family history; his skin was of a uniform primrose colour; he was extremely weak. The white corpuscles of the blood were normal in number, the red were diminished, and showed several different shapes. The hæmoglobin was also considerably below the normal standard.

For a fortnight he was given large doses of iron, but he did not improve, and the blood remained in the same condition. He was then put on arsenic (Fowler's solution, ♏ iij, t.d.s.), and the dose increased to ♏ v—as much as could be borne without producing sickness.

He now rapidly became better, his colour came back, he grew stronger, soon went out into the Park, and left the Hospital in September, apparently cured. The condition of the blood was also much improved, the red corpuscles had increased from 23 per cent. to 80 per cent.

As the case was especially interesting, the patient was asked to come and see Dr. White from time to time, and in October, 1889, the condition of the blood was as follows:—

Red corpuscles 108 per cent.
Hæmoglobin 115 per cent.

a condition above the normal, indicating robust health.

[The patient then came into the theatre, and bore out fully the cure wrought on him. He was a robust-looking man of 45, with a good colour, rosy lips and cheeks, and appeared to be enjoying good health.]

In order to understand what went through their minds in diagnosing this case, Dr. White said he must go over the causes of Anæmia, and eliminate them one by one, as Anæmia was not a diagnosis, but only a scientific term describing a symptom.

Causes of Anæmia.

A Due to, or associated with, common well-known conditions.

1 Hæmorrhage.
2 Scurvy.
3 Phthisis.
4 Malignant Disease.
5 Fevers.
6 Syphilis.
7 Exopthalmic Goitre, &c., &c.

B Due to Poisons.

1 Lead.
2 Phosphorus.
3 Arseniuretted Hydrogen.
4 Arsenic.
5 Mercury.

C Due to Parasites.

1 Bilharzia Hæmatobia.
2 Ankylostoma Duodenale.
3 Filaria Sanguinis Hominis.

D Primary Anæmias.

1 Leucocythemia.
2 Splenic Anæmia.
3 Hodgkin's disease.
4 Chlorosis.
5 Pernicious Anæmia.

There were also certain symptoms common to all forms of Anæmia, quite irrespective of the way in which it had been produced.

1 Pallor.

White signified Hæmorrhage.
Sallow „ Lead poisoning or Syphilis.
Yellowish-green „ Chlorosis.
Primrose colour „ Pernicious Anæmia.

2 Blood Changes.

White corpuscles.

Never diminished.

When increased the condition was Leucocythemia.

Red corpuscles.

No value could be placed on alterations in shape or size.

If diminution was accompanied by a proportional diminution in the hæmoglobin, the cause was *Hæmorrhage.*

If diminution was not proportionately as great as that of the hæmoglobin, so that each corpuscle contained less hæmoglobin than normal, the disease was *Chlorosis.*

If the diminution of corpuscles was in excess of the diminution of hæmoglobin, so that each corpuscle contained an excess of hæmoglobin, the disease was *Pernicious Anæmia.*

(These proportions are certainly true of hæmorrhage and chlorosis; more observations are wanted in the case of Pernicious Anæmia.)

3 Dyspnœa.

Due to diminished quantity of hæmoglobin.

4 Hæmic Murmur.

5 Bruit de Diable.

6 Feeble Pulse.

7 Palpitation of the Heart.

8 Dilatation of the Heart.

With corresponding displacement of apex outwards.

9 Fatty Degeneration of Heart (P.M. symptom).

10 Œdema of Ankles.

11 Hæmorrhages.

12 Optic Neuritis.

Probably the last three symptoms were due to disease of the vessel wall, which allowed extravasation of blood.

13 Headache.

14 Giddiness.

15 Buzzing in the Ears.

16 Coma.

17 Delirium.

18 Dyspepsia.

19 Amenorrhœa (in Women).

20 Rise of Temperature.

21 Wasting.

There were very few symptoms peculiar to Pernicious Anæmia. It was necessary therefore to diagnose it chiefly by eliminating all other causes.

The following symptoms were especially characteristic:

Primrose colour. Hæmorrhages.
Optic neuritis. Raised temperature.
Fatty degeneration of the heart.

There was never any wasting. Mistakes in diagnosis had no doubt often been made; in a case of early phthisis which one could not detect; or in obscure malignant disease, especially abdominal, Pernicious Anæmia had often been diagnosed, whereas the Anæmia had been really due to the more hidden cause.

Addison thus described Pernicious Anæmia, or as he called it "idiopathic anæmia."—"For a long period I had from time to time met with a very remarkable form of general anæmia, occurring without any discoverable cause whatever—cases in which there had been no previous loss of blood, no exhausting diarrhœa, no chlorosis, no purpura, no renal, splenic, miasmatic, glandular, strumous, or malignant disease. Accordingly, in speaking of this form in clinical lecture, I perhaps with little propriety apply to it the term 'idiopathic' to distinguish it from cases in which there existed more or less evidence of some of the usual causes or concomitants of the anæmic state."

Dr. White insisted that this conception of Pernicious Anæmia must be adhered to. No anæmia—either of malignant disease, chlorosis, or hæmorrhage as some authors had supposed—could ever become Pernicious Anæmia however severe it might be.

The two important recent discoveries were that in Pernicious Anæmia the liver contained a great excess of free iron, and the urine was often dark.

If sulphide of ammonium was poured on to a piece of liver from a case of Pernicious Anæmia it would turn black in colour.

If the fresh liver was treated with a fresh solution of ferrocyanide of potassium and very dilute hydrochloric acid, a beautiful Prussian blue colour was formed; and if sections were cut and mounted they showed the blue colour in the liver cells.

The average amount of free iron in the normal liver was ·083 per cent. Several observers had analysed the liver in cases of Pernicious Anæmia, and found on the average ·535 per cent.

The spleen normally contained ·171 per cent. of free iron, and in Pernicious Anæmia the same observers had found ·156 per cent. Thus the amount in the spleen was practically unaltered.

In a case which died in this hospital, Dr. Stevenson had made the following analysis:—Free iron in liver ·37 per cent.; in spleen ·18 per cent.

This result confirmed other published statistics.

Another special feature of the disease was the dark colour of the urine present in many cases. During the last year or two this dark urine had been analysed, and there had been a divergence of opinion as to the cause of the darkness. All however had agreed that it was some form of uro-bilin; but whether it was an excess of normal uro-bilin, or the appearance in the urine of a closely allied pigment called pathological uro-bilin observers could not agree.

Dr. White showed a dark brown urine from a case of phthisis in Stephen. Dr. McMunn had kindly analysed it, and had stated that the colour was due to the presence of pathological uro-bilin. Mr. Hopkins had kindly examined it, and said that the uro-bilin he extracted gave the fluorescence with zinc chloride and alcohol, which is characteristic of pathological uro-bilin.

Since Addison wrote his description there have been in Guy's 31 cases of Pernicious Anæmia in which the diagnosis had been confirmed by a post mortem examination. In two the report is very brief. In *eight* cases out of the remaining 29 there was distinct evidence that the urine was dark coloured; in the rest its colour was not distinctly stated. The experience then that they had had at Guy's fully confirmed the statements of other observers that in many cases the urine *was* dark. Not always so, however, for there was a case in Bright Ward at the present time which Drs. Wilks and Goodhart both

agreed was Pernicious Anæmia, and yet the urine had never been dark coloured and did not contain an excess of uro-bilin.

LECTURE II.

Before commencing, Dr. Hale White showed two cases which had been admitted into Clinical Ward since his last lecture, and in which eighteen of the symptoms of anæmia out of the twenty-one he had described were well marked. He discussed the probable cause of the anæmia in these cases, and concluded that in the first it was probably due to severe epistaxis. He said that if he could feel sure that the second patient was not suffering from phthisis or abdominal malignant disease, he should make a diagnosis of Pernicious Anæmia.

Discussing the pathology of Pernicious Anæmia, Dr. White said they had two certain facts; (1) The increase of free iron in the liver, and (2) the frequent presence of dark-coloured urine. The suggestion had been made that somewhere in the portal system, or the parts connected with it, the hæmoglobin was decomposed, and the free iron was stored up in the liver whilst the rest of the hæmoglobin was excreted in the urine, making it dark-coloured.

Two symptoms to which he especially called their attention in the second case he had shown them, were sickness and diarrhœa. They would be surprised at the divergence of opinion in the text books. Some spoke of obstinate diarrhœa and vomiting; others on the other hand said the bowels were constipated. On looking over the reports of the thirty-one cases of Pernicious Anæmia which had been in the Hospital since Addison first investigated and defined the disease, he found that *twelve* had suffered from vomiting and *ten* from diarrhœa after admission, and *sixteen* from vomiting and *twelve* from diarrhœa prior to that date.

Thus they learnt that vomiting and diarrhœa occurred in at least 50 per cent. of the cases. These symptoms were not due to the arsenic, for they persisted when it was discontinued and occurred before it was given.

Morbid Anatomy.—The only characteristic was a very fatty heart, and if the anæmia was severe a fatty liver.

Prognosis.—In order to arrive at some conclusions on this point, Dr. White had—

(1) Sent a reply post-card to each of eight cases of Pernicious Anæmia who had given addresses and had been discharged from Guy's during the last ten years as relieved. One was the patient shown at the first lecture. The son of another said his father relapsed soon after leaving Guy's and died. The remaining six post-cards were all returned not known. There was thus only evidence that one of the eight had recovered thoroughly.

(2) An analysis of the report of the thirty-one cases previously mentioned showed that five had been in the hospital before for the same disease.

(1) Had left in April, and had been re-admitted in August and died.

(2) Admitted in February, returned in October, and died in December.

(3) Admitted in July, re-admitted early in following year, and died.

(4) Left in June, returned and died in November.

(5) Admitted in 1887 and discharged cured; re-admitted in 1889 and discharged in March. Again admitted in June and died.

The first reports of all these five cases described them as relieved or cured, and if they had not returned to the same hospital it would not have been known that they had died.

A case recorded by Dr. Brooks was followed up, and it was found that although she appeared to be cured, she relapsed and died within a year.

The evidence is therefore very strong that even if the cases seem cured they very frequently soon relapse and die.

They might well ask themselves whether these cases ever get well. One was shown at the last lecture. Dr. Pye-Smith had published in 1882 the case of a man who in 1880 had recovered from Pernicious Anæmia, and was in 1882 still well. He had told Dr. White that he had seen the patient in 1885 and 1886, and he was then free from anæmia. Drs. Uhthoff and H. H. Taylor had written to Dr. White to say that the patient still remained free from the disease. Now if these two patients had been suffering from severe phthisis or malignant disease they would have died by now, so that probably the diagnosis of Pernicious Anæmia was correct; if so, they showed a longer period of recovery than any other recorded cases.

Treatment.—The only drug that appeared to have any effect was arsenic. They must increase the dose as much as they could without poisoning the patient. The very fact that iron would not improve these cases might be used as a means of diagnosis, as many other forms of anæmia yielded to iron.

Lastly.—As regards the theory of the disease, it had been recently suggested that a micro-organism in the intestine was the means of breaking up the hæmoglobin in the portal system, and at the same time produced ptomaines which poisoned the patient. The chief reasons for this theory were (1), the vomiting and diarrhœa often present in Pernicious Anæmia. (2). It was stated that in one case there was an excess of ptomaines and aromatic sulphates in the urine. But they must receive this theory with great caution, for

(1) It was founded on a single case.

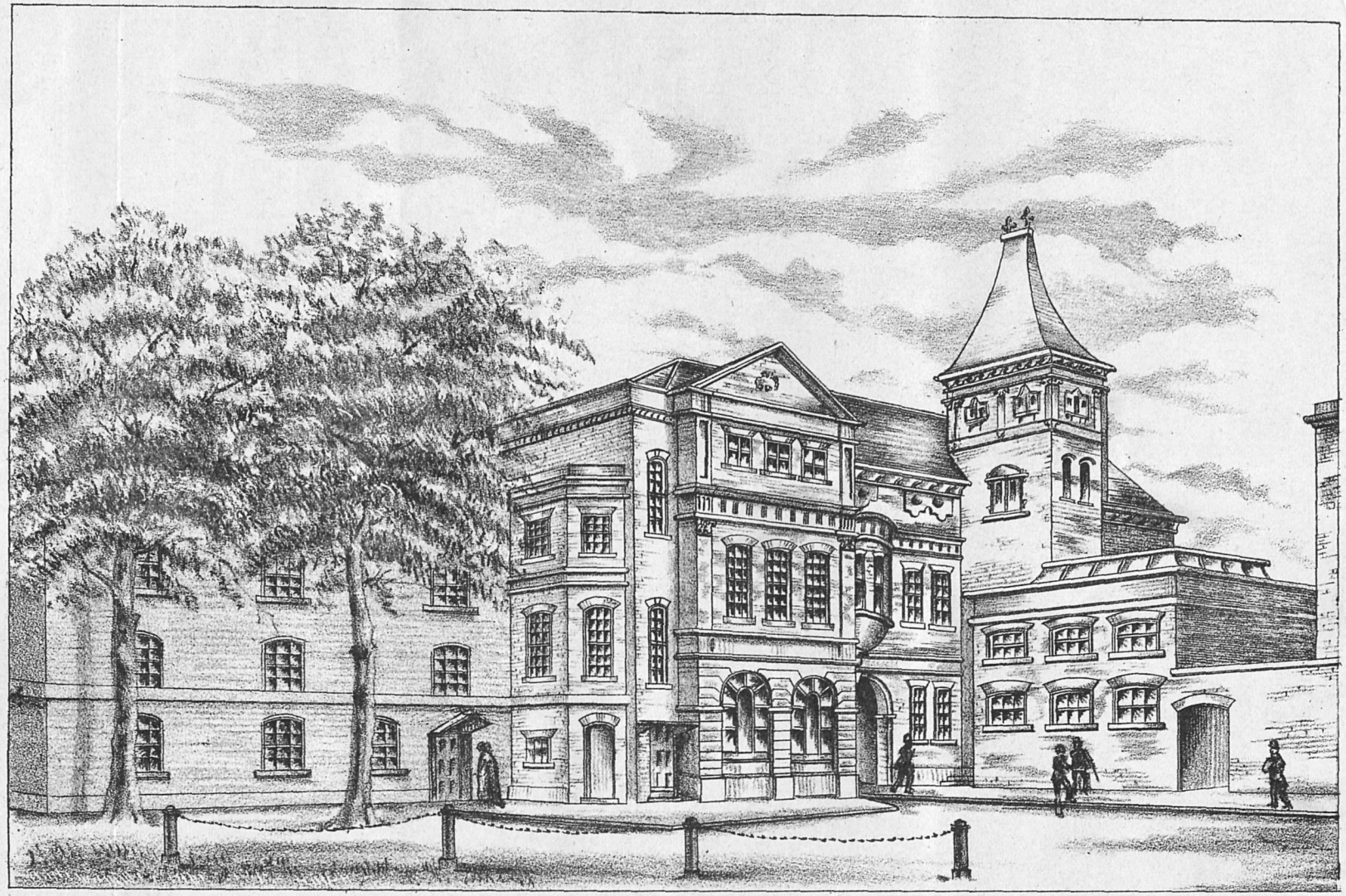
(2) The condition of every organ was not stated in the published account of the autopsy.

(3) It was supported by experiments on animals with drugs.

(4) The patient at the autopsy was found to be suffering from severe gastritis.

(5) The vomiting and diarrhœa might be due to many other causes than intestinal micro-organisms, for instance, the quality of the bile might be altered.

(6) Toxic symptoms are not common in Pernicious Anæmia.



GUY'S HOSPITAL.—PROPOSED DENTAL SCHOOL, CHEMICAL LABORATORY, &c.

March, 1891.

THE DENTAL SCHOOL.

The elevation of the new Dental School, which is issued with the present number of the GAZETTE, indicates the handsome exterior of the building, and reference to the scale appended to the plans shows the wide area of space covered. There is every reason to believe that the general arrangements and internal fittings of the department will be equally satisfactory.

Iron operating chairs of a modern type, possessing the most approved movements, will be instituted in place of the present wooden "Hospital" chairs, which have done good service in the past, but will soon be as antiquated as wooden line-of-battle ships. To each chair there will be a saliva ejector, a gas bracket, an instrument bracket, and a separate operating table. Electrodes connected with a dynamo will be attached to as many chairs as may be required for electric apparatus. Affixed to the walls of the Conservation Room will be lockers for students' instruments and glass cases for museum specimens. A separate wash-hand basin will be placed opposite each chair in the front row, and there will be similar basins at other parts of the room. The operating chairs will be arranged in groups with gangways between them, and the chair for clinical demonstrations will stand alone in the centre of the room.

The building operations will begin at once, and due provision will be made for carrying on the work of the department uninterruptedly during the erection of the new School.

The attendance of dental officers in the Extraction Rooms and Conservation Rooms will continue as usual, and will be as follows:—

Monday ...	Mr. Pillin, L.D.S. Eng.
Tuesday ...	Mr. Mansbridge, L.R.C.P., M.R.C.S., L.D.S. Eng.
Wednesday	Mr. Richards, M.R.C.S., L.D.S. Eng.
Thursday,	Mr. Maggs, L.R.C.P., M.R.C.S., L.D.S. Eng.
Friday	Mr. Rouw, L.R.C.P., M.R.C.S., L.D.S. Eng.
Saturday ...	Mr. Murray, L.D.S. Eng.

The Dental Surgeon, Mr. Newland-Pedley, F.R.C.S., L.D.S. Eng., attends on Tuesdays in the Extraction Room to see special cases.

There will be a daily attendance of Anæsthetists in the Gas Room for operations under anæsthetics, which are administered to such patients as the dental officers recommend.

Attendance of Anæsthetists.

Monday	Dr. Sheppard.
Tuesday	Dr. Silk.
Wednesday ...	Mr. Lloyd.
Thursday ...	Dr. Silk.
Friday	Dr. Sheppard.
Saturday ...	Dr. Cock.

Two more anæsthetists will shortly be appointed, so that there will be a different anæsthetist for each morning of the week.

A clinical demonstration on one of the operations of Dental Surgery will be given in the Conservation Room by the Dentist for the day, who will be assisted in giving instruction to Students by the Dental House Surgeon, the Assistant Dental House Surgeon, the Demonstrator in the Conservation Room, and the Curator of the Laboratory.

During the Summer Session, which commences on May 1st, the following lectures and demonstrations will be given:—

Dental Mechanics	Mr. Richards and Mr. Pillin
Dental Microscopy	Mr. Mansbridge
Operative Dental Surgery	Mr. Murray
Chemistry	Mr. Groves
Materia Medica	Dr. Hale White
Clinical Surgery	The Assistant Surgeons
Anæsthetics	Mr. Tom Bird

In order to augment the teaching in the Laboratory an additional series of demonstrations will be given during the Summer Session. Practical classes will be held once a week

by Mr. Pillin, who has been appointed "Demonstrator of Dental Mechanics." These demonstrations are designed to supplement the course of lectures on Dental Mechanics, but will in no way be allowed to become a substitute for the three years' pupilage which should be completed before the student enters Hospital. The first part of the sitting will be devoted to a demonstration of one of the processes of dental mechanics. The rest of the sitting will resolve itself into a practical class in which each student repeats a process which has formed the subject of a previous demonstration. Mr. Pillin will be assisted by the Curator of the Laboratory, and by Senior Students if required.

The Winter Session commences on October 1st, and the following lectures and demonstrations will be given :—

Dental Surgery and Pathology	Mr. Newland-Pedley
Dental Anatomy and Physiology	Mr. Maggs
Metallurgy	Mr. Groves
Surgery	Mr. Howse and Mr. Davies-Colley
Medicine	Dr. Pye-Smith and Dr. Taylor
Physiology	Mr. Golding-Bird
Practical Physiology ...	Dr. Starling and Mr. Tubby
Anatomy...	Mr. Lucas and Mr. Jacobson
Chemistry	Mr. Groves
Clinical Medicine ...	The Physicians
Clinical Surgery ...	The Surgeons
Dissecting Room ...	Mr. Dunn, Mr. Targett and Mr. Fripp

The Tutor, Mr. Rouw, holds classes before each examination to assist candidates in preparing for the L.D.S.

The Conservation Room is open all day for Practical Dentistry, and patients are seen by appointment only, after their first visit.

During the month of February the practice of the dental department, despite protracted fog, was as follows :—

Extractions under Gas		274
,, without		356
Gold fillings		137
Amalgam ,, ...		99
Osteo ,, ...		83
Perm. G.P. ,, ...		22
Temp. G.P. ,, ...		113
Scalings		21
Crowns, Regulation, Dentures, Splints (Attendances.)	... ...	59
Dressings		126
Advice		73
Total ...		1363

During their studentship at Guy's Hospital, dental students are placed on exactly the same footing as medical students, from whom they differ in no respect, excepting in certain details connected with their special study. They join the Students' Club, which includes the Pavy Gymnasium, reading rooms, and a large dining hall where refreshments may be obtained by members. Dental students also reside in the College, which has recently been built on a site adjoining the Hospital, and connected with it by a covered way. There are rooms for about 60 students, who are under the supervision of a Resident Warden. The cost of residence is moderate.

The expense of Studentship at the Dental School is seventy pounds for the whole L.D.S. curriculum, and one hundred and fifty pounds for the whole L.R.C.P., M.R.C.S., L.D.S. curriculum. Arrangements can be made for the payment of fees by instalments, as published in the Prospectus of the Dental School, which will be sent on application to the Dean, Dr. E. C. Perry.

Passim.

Time has shown that the establishment of a Dental School in connection with the Medical School of Guy's has been a most successful venture. Dental students have seen the advantages to be derived from the close proximity of the one school to the other, and have gladly accepted the chance offered them of being able to attend the lectures and practice of one of the largest hospitals in London, renowned both for its clinical demonstrations and excellent scientific and medical teaching.

Once more has the testimony of a great man been given to the work of the late Dr. Wooldridge. Sir James Paget, speaking at Burlington House last week, on the occasion of Dr. A. C. Wright's lecture on "Some points in the Physiology of Diabetes," a lecture which we hope to publish shortly in the Gazette, spoke of our late physician as the most admirable research scholar who had ever held the Grocers' Company's studentship. His work in connection with bacteria and their relationship to the blood had been the keynote to all the research carried on during the last few years, and which had created such a stir throughout the world.

In our next issue we shall publish an article by W. J. Collins, M.D., M.S., on the proposed re-organisation of London University. As there is, probably, no member of Convocation more capable of discussing the subject, the article will be of exceptional interest, especially as the Physical Society recently debated the subject.

The congratulations of all students must be tendered to the executive on the renewal of the building operations in connection with the entrance of the subway to the College. It has, no doubt, been a most stupendous undertaking to convey the masonry to the spot, and it has taken some months to get it there, but two men are now at work pulling down the temporary hoarding, so things are looking up.

On Saturday next the Physical Society will hold its last meeting of the Session of 1890–91. The prize essay will be read, and the chairman for the evening will be Dr. Wilks. Although the attendance this session has been satisfactory, it is hoped that a full theatre will greet the eyes of the chairman when he takes his seat on the 21st inst.

Guy's men seem exceedingly loth to take the chance offered them by the Asylums' Board, of studying the Contagious Fevers at the Fever Hospitals. A good deal of trouble was taken by the Colleges of Surgeons and Physicians to obtain this concession, and other Hospitals are eagerly availing themselves of it. Surely there are some Guy's men who will come forward and represent us there.

There is no doubt as to the efficacy of an occasional pat on the back. We called attention last week to the work of the College Committee, who have placed flowers and ornamental iron scroll-work and lamps in the quadrangle, and thanked them for their attention to the beautiful and artistic. Virginian creepers have now made their appearance, no doubt from the same source, and the College quad is really likely in the autumn to become a veritable bower of bliss.

The stage is evidently to become the censor of medical as well as public morals. At the Vaudeville last week was produced a melodrama by Dr. Dabbs, of Shanklin, which has as its base that powerful narcotic morphia. It is an open question whether such a play is wise: no doubt it is intended to point a moral, but there is every likelihood it will, in some cases, do harm, by teaching the general public too much about a substance of which they had far better know nothing.

CHEMICAL LABORATORIES.

These will comprise a large General Laboratory, in which there will be at least 100 benches, a balance room, a lecturers' room, store room, &c. The main laboratory will occupy the whole of one side of the court and part of another, so that it will really consist of two lofty rooms at right angles, the one being about twice as long as the other. As the laboratory forms the top story of the new buildings, it can be lighted by a north light through the partially glazed roof, and also by windows opening into the court-yard. This arrangement will not only prevent the rooms becoming unbearably hot in sunny weather, as the old "summer laboratory" did, from the glass roof being exposed to the full rays of the sun, but will allow of provision being made for efficient ventilation.

The details of the fittings of the new laboratories have not as yet been decided on, but, as far as possible, all the most recent improvements for facilitating the work will be adopted. In the larger laboratory there will be some 70 to 80 benches, arranged in blocks of eight each, and in the shorter room some 20 to 30 benches of somewhat larger size, in blocks of six each. The latter will be for the students taking a more advanced course, such as that of the B.Sc., and the Intermediate Science Degrees (Lond.); Pass and Honours; the Oxford, Cambridge and Durham M.B.; and the Candidates in Honours for the Prelim. Sci. (Lond.). The fume-cupboards will be fixed in the lower part of the laboratory windows looking on to the court, and as the window itself will form the back of the cupboards, there will be abundance of light, even on dull days, to see what is going on inside them.

So much for the laboratories themselves. The balance room which opens from the principal laboratory, will be fitted with slate benches built into the wall beneath the windows; on these the balances necessary for quantitative work will be placed; in this way the necessary stability can be obtained, as the supports are quite independent of the floor, and will be unaffected by the vibration caused by any one walking across it. This department has become a necessity now that quantitative analysis is required in certain of the higher examinations. No doubt it will be found that this room can be made available for other purposes besides that of a weighing room.

PHYSICAL LABORATORY.

The space to be allotted to Experimental Physics in the new building consists of a room on the ground floor, about 24 by 22 feet, which will be used as a laboratory for Electricity and Magnetism, and a larger area on the second floor, part of which will form a lecture room, while the remainder will serve as an additional laboratory. It would be more convenient if these rooms could have been altogether on the same floor, but the requirements of other departments rendered such an arrangement impossible. The lecture room will be about 30 feet by 23, sufficiently large to afford comfortable sitting room for 70 or 80 students. It will be lighted by skylights, and provision will be made for rapidly darkening the room when necessary. Though primarily intended for lectures in Physics, this room will be available also for other lectures.

The two laboratories, upper and lower, will supply a want which is already, now that the University of London requires Practical Physics from the Candidates for the Prelim. Scient. Exam., keenly felt. Though not large, they will be commodious enough to allow all these candidates, even if the number in the future should greatly exceed the present average, to go through a course of Practical Physics sufficient to meet the requirements of the University.

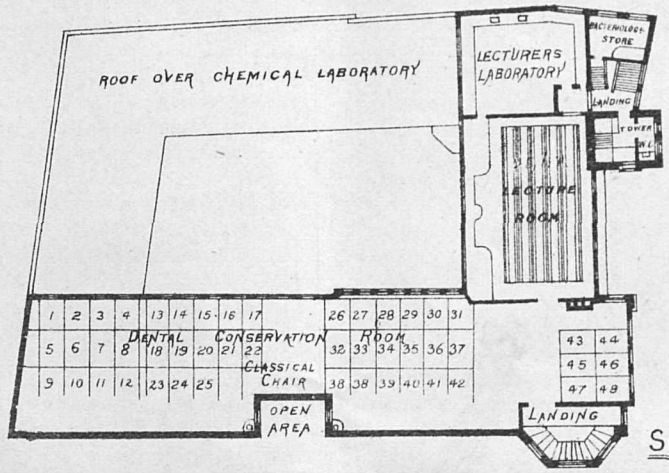
It is to be hoped that the new Chemical and Physical Laboratories when completed will be amongst the most convenient in London for the class of work for which they are designed.

THE BACTERIOLOGICAL LABORATORY.

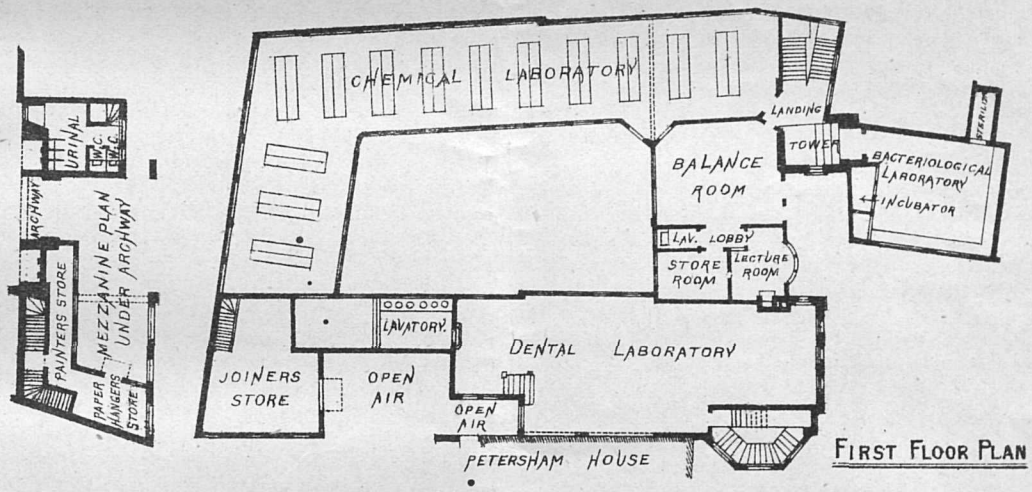
The importance of Bacteriology as a branch of Pathology is rapidly becoming more and more apparent. The causal relation of bacteria to disease is now a well-established fact, and the study of pathogenic micro-organisms has already proved of the greatest value from a diagnostic and therapeutical point of view. Surgery, for example, owes entirely to bacteriology the brilliant results of the antiseptic treatment of wounds. The relation of bacteriology to the treatment of wounds is exactly on a par with the relation of anatomy to operative surgery, and it is not too much to say that in the future a surgeon will be compelled to undergo a preliminary training in the Bacteriological Laboratory just as in the present day he must undergo a preliminary training in the Dissecting Room.

In medicine the diagnostic value of the micro-organisms of tubercle, leprosy, anthrax, and malaria may be quoted as showing the value of bacteriology to the physician, while the researches of Pasteur on hydrophobia and of Koch on tuberculosis are opening out a vast field in the treatment of disease. It is thus evident that, at an important medical school like Guy's, every opportunity should be given for the study of bacteriology. With this object in view a part of the Pathological Room was fitted up two years ago as a Bacteriological Laboratory, and a Demonstrator was appointed. Well-attended classes have been held and several researches carried out, but it soon became apparent that the accommodation was quite inadequate to meet the requirements of the work. We are very pleased to announce that ample accommodation is now provided for in the new scheme.

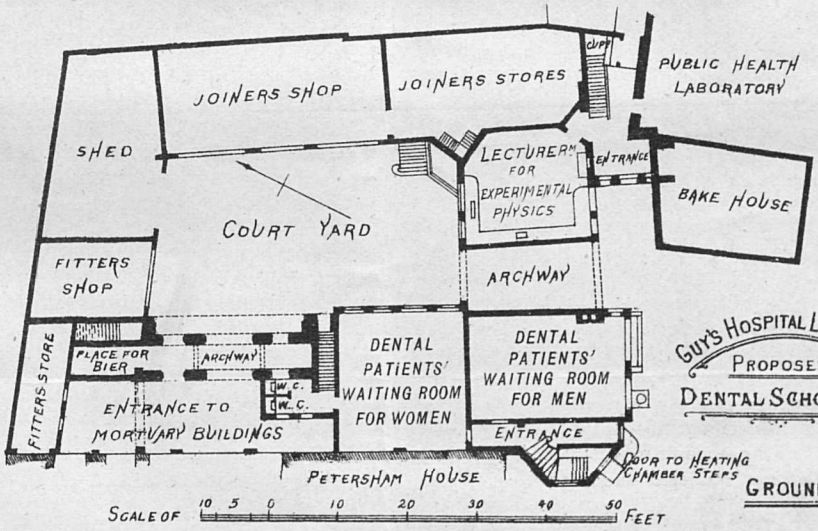
The new Bacteriological Laboratory will adjoin the Public Health Laboratory, and will be connected with the main building by means of a gallery. It will be



SECOND FLOOR PLAN



FIRST FLOOR PLAN



GUY'S HOSPITAL LONDON E.C.
PROPOSED
DENTAL SCHOOL ETC.

GROUND FLOOR PLAN

24ft. long and 18ft. wide, will be heated from the same system as the rest of the building, and will be well lighted by windows in the wall. It will be fitted up with all the modern bacteriological apparatus, and special compartments will be provided for the sterilizers and incubators. It is intended to use the laboratory partly for preparing specimens for the classes and partly for research. It will accommodate six or seven workers. The classes will be held in the Public Health Laboratory, which is amply large enough for a very big class. The times and other arrangements for these classes will be published later.

THE PUBLIC HEALTH LABORATORY.

It is intended to fit up the present Summer Laboratory as a Public Health Laboratory, in which a three months' course of laboratory instruction shall be given in Physics and Chemistry; and this course, supplemented by a three months' course in the Bacteriological Laboratory, will form the full six months' course of laboratory instruction now required of all candidates registering after January 1st, 1890, for the Diploma of Public Health granted by the University of Cambridge, the Conjoint Board, and other Examining Boards. The instruction will be complete and extended, and will embrace the following subjects:—I. *Physics.* Gases; examination of their physical properties; their weight and volume under varying alterations of pressure and temperature, and the movements thereby set up; diffusion, with especial reference to warming and ventilation. Anemometers, and their uses. Liquids; their physical properties; their pressure and flow through tubes and conduits; their action on gases. Meteorological instruments; their construction and use. Barometers, thermometers, hygrometers, and rain-gauges. II. *Chemistry.* The analysis of water for drinking purposes, including the qualitative and quantitative estimation of total solids, lime, magnesia, chlorides, sulphates, nitrates, nitrites, ammonia, and lead; loss on ignition of solids; determination of hardness, of organic impurities, and of acidity or alkalinity. Chemical methods of treating sewage. The examination of air for the detection of polluting gases. Simple methods of eudiometry. Estimation of the quantity of carbon dioxide in air. III. *Microscopy.* The recognition of the constituents of food, such as starches, muscular fibre, &c. The recognition of the chief fibres of clothing, such as wool, cotton, silk, &c. The recognition of the constituents of dust and deposits from water.

The Laboratory Course of Practical Instruction indicated above is based upon the course laid down by the Committee of Management of the Conjoint Board, and is of an eminently practical character. It will be supervised by the Lecturer on Hygiene, Dr. George Turner, and demonstrations will be given by one or two Demonstrators. For this purpose two gentlemen, Mr. Bodmer, F.I.C., late Chief Private Assistant to Dr. Stevenson, and Mr. John Wade, B.Sc. Lond., also formerly Assistant to Dr. Stevenson, and later, Assistant to the Lecturers on Chemistry and on Physics, have been chosen. The extended experience of these gentlemen in public health and food analysis and in teaching, will, we believe, be appreciated by students.

A fee will be charged inclusive of apparatus and re-agents for the whole course.

CASE OF VOLVULUS TREATED BY OPERATION.

W. C., an old man of 68, was brought up to the Hospital with a history of obstinate constipation, and was admitted into Clinical Ward, under Dr. Hale White.

According to his son's account, he had lived a healthy temperate life, and had never been laid up with any illness before. For the nine or ten days previous to admission the patient had been suffering from constipation, which the aperients, with which he had been treated by a medical man, failed to relieve. The constipation does not appear to have been absolute, as during this period one or two slight motions were said to have been passed. There was no vomiting, and but little pain or tenderness, but the abdomen had been gradually swelling.

On admission.—The patient appeared a well-made fairly healthy-looking old man: the complexion was rather sallow, but there was no anxious drawn "abdominal" look about the face. He lay on his back with legs extended, apathetic rather than restless, and altogether looking a good deal more easy and comfortable than might have been expected. Alimentary System.—Tongue rather small, dorsum covered with a thin dirty-white fur, red at the edges. Mouth rather dry, but no sordes.

Abdomen considerably distended, fuller at upper than in middle part, but no unsymetrical bulging. No evident peristaltic movements. A few distended superficial veins in the skin, which was tight and drum-like, but giving to a certain extent under firm pressure of the hand, when some solid masses could be indistinctly felt in places, though no definite tumour could be made out. On percussion, a high-pitched resonant note over the greater part of the abdomen, with dulness in each flank, but not extending down into the Iliac region.

Per rectum bowel found empty; no stricture or tumour could be felt. No hiccough or vomiting, no tenesmus or desire to go to stool. Pulse regular, rather feeble. Respiration quiet. Urine rather high-coloured, sp. gr. 1034, otherwise normal. Temperature 97°.

Progress of Case.—The patient was admitted at mid-day February 19th. As in spite of the long history of constipation the man's condition seemed good, with the exception of the rather weak pulse, it was thought that the case might be one of simple fæcal impaction, and Dr. Hale White ordered an enema.

Fel. Bovini purificati gr. xv.
Enema Asafœtidæ ad ʒiv.

This was returned, and had no effect. A similar quantity of ox-gall in five ounces of warm olive oil was subsequently administered, but this also was ineffectual. In the evening the abdomen became rather more distended, and a little vermicular movement was seen. The patient vomited up a little mucoid material.

Mr. Lane was called into consultation, and an exploratory operation was determined on.

At 10.30 p.m. ether was administered, and an incision made in the iliac region as for inguinal colotomy. On introducing his hand into the abdominal cavity, Mr. Lane felt large distended coils of intestine which he was unable to manipulate. An incision was therefore made along the linea alba from above the pubes to the umbilicus. On dividing the peritoneum, a tensely distended dark coloured portion of the large intestine came into view. As it was impossible to draw this out of the wound, the incision was extended upwards nearly as high as the ensiform cartilage, and then when at last the bowel was dislodged, it was found to be a great coil of the sigmoid which had become twisted so as to form a volvulus, and filled nearly the whole of the abdomen. It was intensely congested, but had not lost its glossiness. The coil was drawn out at the wound, and a small incision made into it, a large amount of foul gas and some black slimy fæces escaping. The incision was then stitched up with Lembert's sutures, the bowel carefully cleaned, and the coil untwisted and returned into the abdominal cavity. After the distention had been relieved, the colour of the gut greatly improved, but a small patch remained of a grey or almost black colour. The part of the gut into which the incision had been made, was drawn across and made to present at the inguinal wound, where it was stitched in situ. The median incision was then stitched up, and a Keith's drainage tube inserted into its lower angle. The patient bore the anæsthetic wonderfully well, keeping a very good pulse during and after the operation, which lasted altogether about two hours, and recovering afterwards without any sickness. An ounce of milk was ordered every hour. The Keith's tube was sucked with a syringe every two hours, three or four ounces of bloody serum being thus removed at first, the quantity decreasing later on to one or two ounces.

Feb. 20th. A rectal tube was passed per anum on three occasions during the night and morning, and the bowel washed out with tepid water; on the third occasion the fæcal matter was less foul and not so liquid. During the night the patient was restless and a little delirious, attempting to pull his dressings off. In the morning the restlessness passed off, and the patient's mental condition improved, the pulse still continuing good. The amount of serum discharged from the tube fell to about half-an-ounce, blood-stained, but clear and sweet. The patient now became troubled with hiccough, and this became more marked and persistent as the day wore on. In the afternoon the dressings were removed, as they had become soiled with serum: the wound looked healthy. In the evening the patient became delirious, the hiccough became almost continuous, and the pulse got weaker.

21st. At 3 a.m. the discharge from the tube was found to be foul, and it was thenceforth sucked up every hour. At 4 a.m. it was found to be coloured with fæcal matter, which from that time increased in amount. The patient's condition steadily became worse, the pulse failed, and death took place about 10 a.m., some 36 hours after the operation. At the post-mortem examination no gangrenous patch was found in the sigmoid, which seemed as a whole fairly healthy, though somewhat friable; but several minute perforations were found, through which extravasations had taken place.

RECENT PUBLICATIONS.

Aveling's Introduction to the Study of Botany. Post 8vo., 4/6.

Garretson's System of Oral Surgery. Fifth Edition. 8vo., 22/-.

Medical Annual, The, and Practitioners' Index for 1891. Post 8vo., 6/6.

Overend's Elements of Human Physiology. Post 8vo., 2/6.

Roscoe and Schorlemmer's Treatise on Chemistry. Vol. 3, part 3. New and Revised Edition. 8vo., 18/-.

COMMUNICATIONS, ETC.,

Received from:—*Dr. Collins (Gloucester Gate); Messrs. Lewis (Gower Street); The Birmingham Medical Review; The Hospital Gazette; H. Richardson, Esq.; W. B. S.; G. M.; F. H. T.; Messrs. Longman & Co.; Messrs. Griffin & Son.*

The Editors would be glad if all contributors to the Gazette would state in writing on their MSS. whether they wish the copy returned, as it will otherwise be destroyed as soon as it is in type. G. M.

APPOINTMENTS.

Creasy, Rolf, L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the First District of the Winslow Union.

Elliman, Arthur C., M.R.C.S., L.R.C.P. Lond., has been appointed Assistant House Surgeon to the Kent and Canterbury Hospital, W. F. A. Clowes, resigned.

Lipscomb, Eustace H., M.B., L.R.C.P. Lond., M.R.C.S., has been appointed Honorary Medical Officer of the St. Albans Hospital, Herts.

NEW FIVES COURTS.

In consequence of the proposed new buildings, the present Fives Court will have to be pulled down. It is hoped, however, that a site may be found in the Park for the erection of two or three new courts, the estimated cost of which will be £300. A subscription list is to be opened to defray this expense, and in the meanwhile donations may be sent to Dr. Perry, who has kindly consented to receive them for the Treasurer.

Physical Society.

A Clinical Evening was held in the Library on Saturday last, when, in the absence of Mr. G. B. Smith, the Chair was taken by Mr. Fawcett.

Mr. Mackeson showed a case of Mycosis Fungoides. He said it was a very rare disease, and was but meagrely described. It began with an eruption like eczema, which proved, however, to be a deeper dermatitis, involving the hair follicles. Its second characteristic was the appearance, sooner or later, of large ulcerating tumours, comparable to tomatoes (Alibert), or to mushrooms. They generally appeared on the back, more rarely on the arms and legs. They exuded a clear watery fluid, which coagulated spontaneously, and was found microscopically to consist of numbers of leucocytes in a delicate fibrillar meshwork.

Mr. Gill bore testimony to the difficulty in diagnosing the case.

Mr. Daldy asked if a germ had been looked for in connection with the disease, and what was the differential diagnosis.

Mr. Mackeson said cultivations had been made of the fluid without success, and the diseases it might be confounded with were carbuncle, multiple sarcomata, and tertiary syphilis, associated severally with chronic eczema.

Mr. Williams showed a case of opacity of the cornea, caused by chloride of lime, which had entered the eye. The prognosis of the case was, he said, very bad, as the opacity would never clear up, and Dr. Brailey had given it, as his opinion, that the sight of the eye was irrevocably lost.

Mr. Wohlmann shewed a case of a testicular tumour of doubtful nature. The patient was a well-built healthy looking man in the prime of life, the father of four children, but with a strong tubercular family history. The left testis was healthy, but the right half of the scrotum was filled with a hard oval mass, about the size of a turkey's egg. The tumour was fairly regular in outline, though somewhat bossy in places, and at the lower end seemed hollowed out into a cup, with soft fluctuating translucent contents. The cord was much thickened, but no glands could be felt in either the groin or the lumbar region. No definite diagnosis was arrived at, but the various points for and against its being a case of sarcoma, carcinoma, tubercular or syphilitic testis, or hæmatocele were gone into at some length.

Mr. Mackeson showed two cases of Psoriasis which presented some interesting points.

1. Patient, aged 38, married, with four healthy children. Had Psoriasis first eleven years ago. Was admitted with marked circular eruption all over body. Each circle was covered with a white glistening scale. He also had a slight eruption on the palms of his hands. No history of specific disease. A history of pain and swelling of great toe and ankles and feet (Gout?).

2. Patient, aged 29. Had Hunterian chancre last September, sore throat early in November, and the eruption came out all over him and has never gone away. In January some large spots appeared in addition, which grew larger and discharged, and large brown crusts formed over two of them.

On admission circular patches were found all over the trunk and extremities, covered with white scales, which peeled off, leaving a dusky red circle of skin. The scalp was covered with crusted scales, and there were four large shallow ulcers on the back, greater trochanter, and left thigh. The eruption was diagnosed Psoriasis, and the ulcers Tertiary Syphilis.

The points of interest were (1) the presence of palmar psoriasis, which was said by many authors to be of syphilitic origin, in a man who had never had syphilis. (2) The pains and swelling of the great toe, which suggested gout, and which bore out Dr. Liveing's statements as to the relationship between psoriasis and gout. (3) The curious coincidence of psoriasis and syphilis in the second case. (4) The fact that syphilitic eruptions would simulate almost any skin disease, and that therefore this might really be syphiloderma, and not psoriasis. (5) The early appearance of tertiary ulcers. (6) The rupia (syphilitic).

Mr. Gill said he thought the second case shown was one of syphilis all through. He had never seen tertiary symptoms appear as early as in the present case.

Mr. Durham urged the advisability of never making more than one diagnosis, and agreed with Mr. Gill that the more probable of the two was syphilis.

Mr. Daldy asked for the treatment of the cases.

Mr. Mackeson said that both had been treated internally with arsenic, and that the ulcers had been treated with black wash, and were healing rapidly.

Reviews.

Elements of Medicine, by W. H. Carter, M.D. (Messrs. Lewis & Son).

It is again our pleasant duty to review this excellent book. The fact that barely two years have passed since we last did so, is a proof that it has been widely read. The present edition is in every way greatly improved, and new matter has been added, without in any way robbing the work of its most valuable character, *viz.*, its conciseness. There is one feature which we wish had been more generally adopted, namely the tabular comparisons of the symptoms of allied diseases. Certainly the author may have purposely omitted them, thinking, and perhaps rightly, that those we make for ourselves are of more value.

The chapters on general pathology have been almost entirely re-written. Amongst the degenerative changes may be mentioned "Cloudy Swelling" as a condition more often than described recognised, and the term "melanin" applied to the pigment found in the skin in Addison's disease is not one we have noticed in other text books on medicine.

The acute specific fevers are carefully dealt with; cholera, dysentery, and a new chapter on hydrophobia being included under this head; though why parotitis is not also located there we do not know. There are new articles on pernicious anæmia and hæmophilia, and the section on diseases of the alimentary tract has been carefully revised, and much new matter added. The urinary system has also shared in the change, and there is a chapter entitled "secondary nephritis."

Under the nervous system we find a good article on "general paralysis of the insane" and the chapter on aphasia has been entirely re-written; we also notice a section headed neurasthenia. But perhaps the greatest improvement is in the diseases of the skin, which are now, most clear, concise, and up to date. We venture to think that the therapeutic index at the end of the book might have been amplified, and some notice taken of the drugs recently introduced into the British pharmacopœia: antipyrin, for instance, is not mentioned as far as we could see. We have however again to thank Dr. Carter for a valuable stepping stone to acquiring a thorough knowledge of medicine.

Dental Surgery, by Henry Sewill, M.R.C.S., L.D.S. Eng., (Bailliere, Tindall & Cox). Mr. Sewill is gifted with a style so lucid, and he marshals his facts with so logical a method, that his book, a third edition of which has recently been published, should commend itself to dental practitioner and student alike. The former will recognise in it a *multum in parvo* of dental science; the latter, though the book is by no means intended to meet examination requirements, may be tempted to read it during the leisure of his summer vacation, if not in the midst of the closer work of a cramming winter session, by the very attractiveness of the treatment of the theory of his craft.

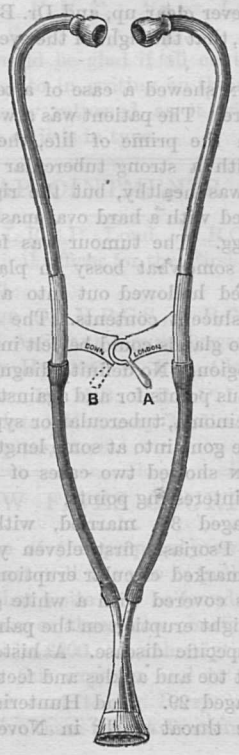
Perhaps the most striking feature of the book is the chapter on Dental Caries, of which Mr. Sewill has made a special study. He has, at the outset, secured the scientific confidence of his readers by a capital resumé of the microscopy of the tissues involved, a knowledge of which is, of course, essential to an intelligent understanding of the question. Very possibly some "students of average capacity" may object to "coming provided with the necessary fundamental knowledge of physiology, chemistry and bacteriology." But the masterly exposition, with the almost unbroken continuity of its facts, really leaves no room for adverse criticism, and enriched as it is with a number of exquisite micro-photographs, and embracing not only the results of the author's original research, but also the pith and marrow of all the worthiest allied literature, it is perhaps the compactest and most readable extant treatise upon the subject.

Such a treasure of science would of itself rescue any ordinary work from obscurity; but Mr. Sewill evenly maintains a very high level throughout, and his book will stand in no need of any such unsatisfactory salvation.

NEW INSTRUMENTS.

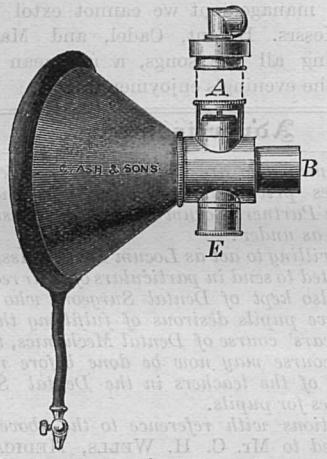
A Uterine Sound has just been made by Messrs. Hills & Son (Newcomen Street), from a pattern designed by Dr. Horrocks. It is curved, just as the Galabin pattern, and is made of copper and silver-plated, so that it is easily bent. But instead of having a ring at the beginning of the 2½-inch curve it simply swells into a small bulb, and also, instead of being notched at each inch, it has a very slight projection which slopes quite evenly into the body of the sound. All chance of dirt is therefore avoided, and the sound can be perfectly cleaned with a wet towel without the slightest risk of any septic material lodging round the ring at the angle or in the notches of the instrument. Dr. Horrocks believes that in this way all the dangers due to dirt from imperfect cleaning will be avoided.

An improved Binaural Stethoscope, a picture of which we give, has been made by Messrs. Down Bros., from the patterns of Dr. Herschell. It is constructed to do away with the constant pressure on the ear, kept up by the ordinary metal spring instrument, which is sometimes actually painful. The spring in this case has been replaced by a clamp at the joint, which is actuated by a hanging tail-piece or lever, moved by the second finger of the right hand, the arm being held between the first finger and thumb, while the other arm is held between the corresponding fingers of the left hand.

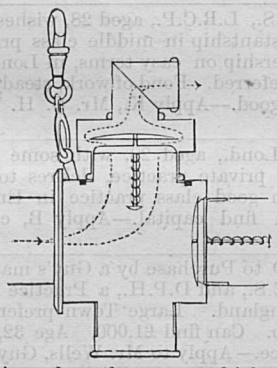


When the lever is in the position A the hinge is loose, and the instrument can be applied to the ears and adjusted to press as lightly or as heavily as desired. The lever being then moved into the position B, the instrument is fixed and remains in position, and can then be easily removed from the ears and closed by merely touching the lever. The orifices of the ivory ear-pieces are also enlarged to more accurately fit the bore of the auditory meatus.

SAFETY CAP FOR FACEPIECES.



The Safety Cap is shown over Fig. A.



The dotted lines show the course which the exhaled air takes. Designed by Mr. P. S. Walker, of Dundee.

This very useful little device is constructed to fit over the exhalation-valve A of the gas facepiece, the object aimed at being to direct the respiratory exhalations away from the face of the operator.

The exhaled air and gas is often expelled with unusual force in the face of the operator, and there is no way of avoiding this unpleasant danger except by getting into rhythmical breathing with the patient. The operator, very watchful of facial symptoms and respiratory surroundings, is too often forgetful of this, and, in bending over the patient, is often quite close to the exhalation-valve, thus presenting, to our minds, a picture far from pleasant, even in contemplation.

COMING EVENTS.

March 14 April Appointment List closed.
19 Examination for the Arthur Durham Dissection Prizes.
20 Schedules for Final Conjoint Examination, together with signed Vaccination Certificate, to be left at the Medical Office not later than this date.
21 Last meeting of the Physical Society.
23 Names to be left at the Medical Office for Final M.B. Lond. Schedules.
24 Examination for the Michael Harris and Beaney Prizes.
25 Examination for the Golding Bird Prize.
26 Winter Session ends.

Correspondence.

To the Editor of Guy's Hospital Gazette.

GUY'S HOSPITAL STUDENTS' BIBLE CLASS.

Dear Sir,—The Rev. Webb-Peploe has kindly consented to give an address to medical students in the Court Room, Guy's Hospital, on March 19th, at 4.30 p.m., to which we shall be very glad, in addition to the regular members, to welcome any of our fellow-students.

The Bible Class holds its meetings during the Winter and Summer Sessions on Thursdays at 4.30, when papers are read, subjects discussed, and occasionally addresses given by well-known gentlemen not connected with the Hospital.

We have been indebted, during the Session, to the following friends for the most interesting and helpful addresses:—Dr. Pye-Smith, F. W. Barclay, Esq., the Rev. E. Lloyd Engström, the Hon. and Rev. Talbot Rice, and E. J. Kennedy, Esq.

There has been during the Session a considerable increase in attendance, and we trust it may continue. Notices of the meetings, to which all are welcome, are posted on the notice board in the colonnade.

Several student friends of our late Secretary, Walter Fisher, M.R.C.S., L.R.C.P., who is working as a Medical Missionary at Bihé, West Africa, are anxious to assist him by contributing towards the purchase of drugs and instruments. Knowing that many of his old friends have left Guy's, we shall be glad, through the medium of your columns, to invite them and any others interested in missionary work to join with us in providing these most necessary auxiliaries to successful missionary work, for which, hitherto, he has had to depend entirely upon his own unaided resources.

All communications should be forwarded to us.—Yours faithfully,

HORACE RICHARDSON, } *Hon.*
F. J. COLEMAN, } *Secs.*

SMOKING CONCERT.

On Saturday evening last the fourth of the series of Concerts was held in the smoking-room of the Club. The attendance was larger than ever, and more than a hundred covers were laid at the table d'hote; while the general opinion of the dinner was clearly shown in the face of the genial manager, Mr. Batten, whose smiles threatened at last to overpower all muscular control. Punctually at eight o'clock Mr. A. E. Durham took the chair, and at once a scene of chaotic confusion was reduced to something like order, broken, however, by Mr. Steele's endeavours to possess himself of a table to which someone else appeared to be asserting a prior claim. Loud applause greeted the entry of Dr. Hale White and Mr. Clement Lucas, and many old Guy's men were cordially welcomed by their friends still working in the good old hospital, especially did the sight of Messrs. Cruickshank, Moss and Richards gladden our hearts. After an earnest appeal had been made by the Chairman on behalf of the programmes, Messrs. Coulson and Spurrell launched forth into "Love and War," the latter, as usual, taking the premier place under the able guidance of Mr. Spurrell. Mr. Coulson's "Cupid" was a most able performance. Mr. Elsmore deserves our thanks for having journeyed some distance to help us, and the plaudits he received showed him how much he was appreciated; his renderings of *Rubenstein* and *Raff* were admirable. Mr. Wohlmann next sang "In Sheltered Vale," popularly known as "The Millwheel," and then Mr. Durham called upon "that finished Guy's Artist," Mr. Lulham; but alas! that finished Guy's Artist "was horf," and boisterous was the applause when Mr. Lucas came to the rescue, and recited "How the favourite was beaten." It was really the most exciting event on the evening's card, and breathlessly did the audience dwell on the reciter's words as he told the tale of the steeple-chase.

Mr. Spurrell's "Anchored" and Mr. Coulson's "Where'er you Walk," both obtained well deserved encores; and the Chairman's able exposition of "The Noble Ritter Hugo and the wiles of the Eve-like Maiden" was much appreciated. Mr. Pendred gave the audience a chorus to sing, and "To-morrow will be Friday," was better known to Guy's men than he thought. One of the prettiest songs of the evening was "Go, pretty Rose," sung by Messrs. Coulson and Alston.

"Father O'Flynn" opened the second part of the entertainment, and the fun waxed fast and furious as Mr. Lang took the vacant piano chair (not stool, we haven't got one—Club Committee please note this), and his topical song apropos of the Dental School fairly took the house by storm. The Chairman also came in for the cheers for his impromptu joke on "Old Lang Syne." Comic element was now literally poured into the room. Mr. Morton, whom we in future retain as a choice Guy's perquisite ("when I come to think of it," we had better ask his permission first), sang "Simply a Matter of Business," and our inimitable comic actor and vocalist, Mr. A. Allport, gave us "Sister Mary"; it is very evident that he has made this song a special study. Can he have taken a leaf out of Miss Ellen Terry's book and visited the lady in her little villa and so drawn his knowledge from real life? There is no doubt whatever that he must have been "up 'endon way" or how could he else have learnt the Coster's love ditty, which was probably the greatest success of the evening. That ode to 'Arriett has been whistled all over the Hospital ever since. "Auld Lang Syne" was sung, and after paying our respects to the "Good little old Lady, God bless her," we dispersed.

The thanks of all are due to Mr. A. S. Wohlmann, whose able management we cannot extol too highly, and to Messrs. Bryant, Cadel, and Mackeson for accompanying all the songs, a no mean feature in promoting the evening's enjoyment.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

AN M.R.C.S., L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or South of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. Wells, Guy's Hospital.

M.B. Lond., aged 28, with some experience in private practice, desires to meet with a partnership in good class practice in England or the Colonies; can find capital.—Apply B, c/o Mr. C. H. Wells, Guy's.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

BOOKS.—For Sale. Berry's Diseases of the Eye; Jamieson's Diseases of the Skin; Guy and Ferrier's Forensic Medicine; Payne's General Pathology, all last editions and in new condition; Illustrated Medical News, unbound, complete. Fuller list from Mr. Wells.

FOR DISPOSAL.—Small, Old-established Practice, near London. Estimated receipts about £600. Transferable appointments £100. Very little midwifery. Fees from 2s. 6d. Three months' introduction. Price £350. —Further particulars from Mr. Wells, Guy's Hospital.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block, two slides. Also Sputum, &c., examined for tubercle bacilli. Price 2s. per specimen.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

WITH

SPECIAL SUPPLEMENT,

MARCH 28, 1891.

AT the close of the winter session it will not be out of place to remind our readers of the work that has been done by the GAZETTE and by other institutions connected with the hospital during the past six months. *The Pavy Gymnasium*, which we have done our best to support in every way deemed good by its committee, has made rapid strides to the front, and the gymnastic display which took place last week, shows what steady work and careful training can do, even in so short a time. *The Dental School*, "the Guy's novelty" as it was styled by one of our consulting staff, is quickly coming to the fore, and will prove a boon to the South of London. *The Physical Society*, as this number of the GAZETTE shows, has flourished more than ever, and having been present throughout the session, we can fully endorse the secretaries' remarks as to the excellence of the papers read at the meetings. There is still however a great lack of interest displayed by the junior men, and if they could only realize what a boon it will be to them hereafter to have attended these debates, how their reasoning powers will be strengthened, their minds widened, and their thoughts drawn into channels other than those demanded by the professional examinations, they would never miss one evening, but would petition the society to meet once a week instead of once a fortnight. The subject for the prize essay had, until we heard Mr. Turner's, appeared to us to be too comprehensive to be dealt with carefully and with attention to minuteness of detail, but we most heartily congratulate the winner on his able exposition of the subject. *The College Library* is an institution to which we have readily given our support, and we may congratulate ourselves on having been instrumental in obtaining both money and books. *The Gull Studentship* we may almost say was the outcome of the often expressed wish in our columns that Guy's should lead the way once more, and establish a studentship in Pathology, on the same lines as those existing in Germany, and we most heartily congratulate Sir Cameron Gull, on his adoption of the idea, and feel sure that no better monument could have been erected to our late consulting physician.

We have received several letters in reference to the demolition of the Fives Court, and our correspondents seem to think that it belongs to the residents in virtue of having been built by their predecessors. Before printing these letters it seemed wise to us to look into the *facts* of the case, and in the GUY'S GAZETTE for 1873 we find an account of the opening of the court, and it is there stated that it was erected for the resident and other students *at the expense of the Hospital.* We also learn that the Governors of the hospital voted a donation of £50 towards the cost, and that the site was given by them with the one reservation that it might hereafter be required for the extension of the hospital buildings. Our correspondents will therefore see that it is quite unnecessary to publish their letters as they have been entirely mistaken in their facts, and we most heartily wish every success to the new scheme for the erection of three courts instead of one, and feel sure that the Governors, the Medical School, and [illegible] men, past and present, will contribute liberally

to help such a laudable enterprise. We hear that Mrs. Montifiore, wife of a former Governor of the hospital, has already sent £20 towards the cost.

Lastly, we come to the position of the Gazette itself, and modesty forbids our speaking freely in the matter. We must thank our subscribers for their support, and they will, we feel sure, own that we have tried to deserve it. We have endeavoured to increase our number of clinical lectures and careful descriptions of cases. We have tried to view the various movements going on around us with just impartiality, unless it seemed needful to us to take the side of *right*. Our position outside the hospital has greatly improved, we have been quoted in various daily and weekly papers, we receive more books for review than many other larger journals, and we are looked up to and esteemed by such leaders in the medical world as Dr. Wilks and Dr. Pavy. In conclusion, the Editor desires to thank the various contributors to this journal, and also the Committee and other officials honorarily connected with it, and he feels sure that if they all work together in the future, as they have done in the past, the future of the Guy's Gazette is a very bright one indeed.

THE ARTHUR DURHAM PRIZE.

Many of us will sometimes own to a lurking contempt for Anatomy, that very humble handmaid of the arts of medicine and surgery; but of this we generally feel ashamed. Of dissecting, however, as a means of earning a knowledge of Anatomy, it is even more common to be sceptical. If there is a temptation to speak slightingly of Anatomy, there is a stronger temptation still to do so of dissecting, but whatever the popular verdict on the science and art of the dissecting room may be, the Arthur Durham prize fills the dissecting room for a brief space of three days with many interested faces, not wont to betray the interest they should in that part of hospital work. The competition is popular as no examination is popular. The element of chance which is introduced by the drawing for the parts to be dissected, the dark running, the pace makers, the sprints, as well as the publicity of the whole competition give it many of the interests of a great race meeting, many of the interests, not excluding the sweepstakes.

But it is not so much of the effect of this institution on the emotions that we wish to speak, as of the value of it as a part of the education at this school. And here again we do not propose to enter into the lists with those who, admitting that Anatomy is useful and may be even interesting, so long as it is learnt in the library, who, having retentive and ingenious minds can remember by system the relations of the sterno-mastoid or the distribution of the cardiac plexuses, and may even be able to draw diagrams of some half dozen dissections, each in three or more stages: dissections they have never made nor seen made, but at the same time do not believe in the practice of Anatomy. It will be sufficient to point out that the greatest anatomist of the present day is by a very long way the greatest dissector, and to remind them that Sir Astley Cooper, if we may quote his criticism of himself, said that perhaps he was a good dissector but never a really great surgeon; what surgery he had he ascribed to the fact that up to an advanced age he was never able to sleep with a good conscience unless he had dissected something during the day.

It is rather upon the success of this prize in stimulating intelligent dissecting throughout the year, upon the effect it has on the practice of Anatomy that we wish to touch. We have heard it said that this dissecting is all rubbish, it is niggling work, for which a few glass rods and tricks as valuable as the trides of crotchet work, are all that is wanted. Now if neatness is the end and object of the competition for the Arthur Durham prize we would agree with these criticisms. Neatness for neatness sake we consider a vice, the vice of the spinsterly. But we venture to think that mere neatness will not win the prize as a rule. A good dissection is one that is made with a due regard for all the important anatomical facts that the part should illustrate; minutiæ will not be given undue prominence; the important points will be so exposed as to appear the important points, and skill and ingenuity will be shown in making clear important points that are not of themselves conspicuous. Here is scope for intelligence and quickness of work, guided by a knowledge of Anatomy, and a sense of proportion. If it were found possible to introduce a greater variety of subjects, and not to give the same dissections each year, it is probable that this would be still more the case, that more would be learnt from the actual competition and that valuable habits of observation would be stimulated.

There are many joints for instance which could surely be very well treated as prize dissections. It may be rash to suggest the peritoneum, but of that even we are not sure, if a suitable subject could only be secured. But the prize has only been instituted some three years, and every year will add more to its value as a test, no doubt.

It requires more iodide to affect syphilitic deposits in nervous tissue than in any other tissue.

There is generally an organic basis for all functional disorders.

Physical Society.

The Society held its last meeting of the Session 1890-91 on Saturday evening, when the Anatomical Theatre was well filled to listen to the prize essay on Inflammation read by the successful competitor, Mr. Meadows Turner, and a verbatim report of which we publish in another part of the Gazette. The chair was taken by Dr. Wilks, who had dined with the residents and members of the Society in the Club prior to the meeting.

Mr. Taylor congratulated the reader of the paper on his success, and wished there had been more time for him to give them further details on several points connected with the subject.

Mr. H. E. Durham thought that Mr. Turner had dealt rather lightly with the causes of the outwandering of amæboid cells. He called attention to the normal occurrence of wandering cells in ordinary tissues, and to the "inflammatory" aggregation of such cells in larvæ (of echinoderms, etc.), in which the tissues had not already differentiated.

Mr. A. E. Durham supplemented his brother's remarks and criticised several other points in the paper.

Mr. G. Mackeson thought Mr. Turner had associated inflammation too much with degeneration. Surely it ought not to be separated from regeneration, which was, he thought, an essential part of the inflammatory process. The speaker then compared the embryonic changes with the inflammatory, and thought that granulation tissue was very like the blastoderm; and if they accepted Metschnikoff's view that leucocytes were always being extravasated in small numbers, especially in fœtal life, they might formulate a definition that inflammation was really a calling into play of certain processes which, though active in embryonic life, were quiescent in the adult unless excited by stimuli proceeding either from within or from without the body. He also took exception to Mr. Turner's statement that epithelium growing over a granulating surface arose by proliferation of the neighbouring epithelium, and adduced experiments from papers by Messrs. Golding-Bird and Hamilton to prove that granulation tissue actually had the power of forming epithelium.

Mr. Long criticised the last speaker's statements.

Mr. Sharp asked for information concerning the treatment to be adopted in the many inflammatory states, and waxed facetious on antiphlogistic remedies and echinoderm larvæ.

Mr. Daldy regretted the necessary brevity of Mr. Turner's paper, and complimented him on the discretion he had shown in the arrangement and selection of the details he had collected. The subject was very large and its literature enormous. Councilman's important experiment had been rightly quoted, but he (Mr. Daldy) pointed out an elaboration of the experiments: the fluid contents of the tumour produced were capable of absorption, hence it was not pus, and he was confident of the approach of a time when pus would be distinguished from the exudation from a perfectly aseptic surface, and would be shown to owe its production to micro-organisms in every case. He noted the advent of a new line of research in the investigation of the pathology of inflammation; he referred to the observations of the changes nuclei undergo during the process, and from what Mr. Turner had shown them to-night he thought they might prognosticate successful results if that gentleman pursued his investigations along this line.

Mr. Turner then replied to the many speakers.

Mr. Hickman moved a vote of thanks to Mr. Turner for his most able and interesting paper, and the vote was seconded by Mr. Fawcett and carried unanimously.

Mr. Dunn then read the President's report for the session. It stated that the average attendance at each meeting during the session had been over 44 members, and that more than 200 were present on the opening night. The two debates on subjects of general interest had evoked considerable enthusiasm and had been carried on with much spirit. The permission of the Treasurer to hold the Clinical evenings in the Hospital Library, instead of in the theatre, had added greatly to the comfort with which these meetings had been conducted, and the Presidents regretted that, considering the very interesting Clinical cases which had been brought before the Society on these occasions, more members had not availed themselves of the opportunity of seeing them. The following prizes had been awarded. The prize for the best paper read before the Society during the session to Mr. T. R. Taylor for his work on Protoplasm. The Treasurer's prize to Mr. Meadows Turner, and prizes for debating to Messrs. A. M. Daldy and G. Mackeson. The debating prize for junior men was not awarded as they had shown so little inclination to join in the debates. Messrs. J. M. Gill, H. V. Hickman, G. B. Smith, F. G. Vicars and A. E. Norburn were retiring from the list of Presidents, and Messrs. A. M. Daldy, J. B. Leathes, G. Mackeson, M. Turner and T. R. Taylor were proposed as the most suitable members to fill the vacancy.

The report was unanimously adopted and the new Presidents elected.

Mr. Gill and Mr. H. E. Durham respectively proposed and seconded a vote of thanks to the Treasurer for his prize.

Mr. Hall proposed a vote of thanks to Dr. Wilks for presiding at this meeting, and Mr. A. E. Durham seconded it.

Dr. Wilks, who was unable to speak for some minutes owing to the prolonged cheering, thanked the meeting for their applause. He congratulated them on the success of the Society, and said that if the paper he had heard was a sample of those read every other Saturday, they were indeed excellent. He was only able to come to the first and last meetings, and not oftener, but the loss was his, not theirs. His mind, he said, wandered rather to the work of the School during the past few months, and they had cause to congratulate themselves on that work,

for the Guy's School had never stood on the eminence on which it stood now. The number of entries increased yearly, and the examination lists redounded to its credit. It had been many years coming back to its old condition, but he had always felt there was vitality enough to surmount all obstacles (cheers). There was no doubt that the best place to learn was Guy's; not only the wards, but the museums, and all other departments for medical, surgical, and scientific teaching, were most admirably suited for high-class work. On going into the wards now he always noticed the enthusiasm of the students and teachers, and the same spirit was evident in the post mortem room, to which he naturally turned his steps for a moment. The Club, too, in which he had dined that evening, was a great institution. There was, in fact, no place like it in London. Then, again, the foundation of a Dental School was a move in the right direction. Guy's always took the lead. Mr. Stocker used to say, "We always take the lead, and then St. Thomas's follows suit." The Dental Hospital might well be called the Guy's novelty. Money was wasted on Cancer Hospitals and the like (for who would ever go to a Cancer Hospital to study cancer?), but a Dental Hospital was urgently needed this side of the Thames. He had seen in *Punch* lately 26 reasons for having a new set of teeth, and had spoken to the President of the Dental Association about them when dining with him a short time ago. He thought he knew of other and better reasons than those they had mentioned. One was that people who can't eat because they have bad teeth, always drink, and Guy's was therefore materially assisting the teetotallers in providing the Borough with new sets of teeth. Again, a relative of his, who had lately been persuaded into having new teeth, wrote him that the greatest comfort they brought to her was the power of once again biting her nails. He had also been told by a dentist that a farmer for whom he had made a set of teeth told him that he and his wife had long deplored the fact that they had had no family, but since he had used his false teeth his wife had presented him with a baby. Dr. Wilks thus thought they were not only raising the morality of the neighbourhood, but assisting in the propagation of their species. He was sorry to see in the Guy's Gazette that Guy's men were not making use of the opportunity now allowed them of attending the practice of the Fever Hospitals, and hoped soon to hear a better report. The importance of this knowledge could not be overestimated. When he used to examine at the college he found numbers of men who had never seen a case of scarlet fever. One of their own students, a prize winner, who had received testimonials from himself and other members of the staff, went to practise in the country, and received the Medical Officership of a school there. One day a boy had a rash on him and soon a second and a third, and so on until about a dozen had got it. He told the matron and the governors that he really didn't know what it was and asked the village doctor to come and see the sufferers and was much astonished to be told by him that it was what was commonly called measles. Let them take warning by this story, and avail themselves of this most useful opportunity.

The meeting then dispersed, and three most hearty cheers were given for Dr. Shaw and Mr. Dunn, the honorary secretaries of the society.

THE PAVY GYMNASIUM.

The first gymnastic competition since the opening of the gymnasium took place on Wednesday evening, March 18th. Great interest was evidently shown in the proceedings, and loud applause greeted the many exhibitions of skill on the part of the competitors.

Four squads had been drawn by lot to work under the leadership of Messrs. Bligh, Brereton, Budge and Martin, and very fit they looked as they stepped somewhat modestly into the arena at the call of the Honorary Secretary. The first exercises on the horizontal bar were evidently familiar to most of the men, who acquitted themselves creditably throughout; the upstart required a little too much effort on the part of some, and the clear circle was not quite as clear as it might have been. The parallel bars brought out several weak points, and the short arm balance showed Mr. Brereton's squad off to advantage. Too many of the men tucked their heads in and so were unable to straighten their bodies. Mr. Bligh showed an almost tender solicitude for the welfare of Mr. Allport during his performance of this feat; and it certainly might have been as well if the bars had been bolted onto the floor at each end, as they rocked ominously under their burden, and good men are scarce.

Mr. Martin's squad came to grief over the cutaway on the rings, and the neatness of Mr. Brereton and his supporters was loudly applauded. Messrs. Russell and Bligh must also be congratulated on their upstart on the rings, which looks exceedingly difficult to the uninitiated.

Everyone shone on the ladder and the rope. Mr. Allport made the girders vibrate as he went up hand over hand, and Mr. Shorland found it so hot as he neared the roof that he had to come down too quickly. He looked very done up, as did also Mr. Sheen, after their hard fight against Middlesex only a few hours before, and we hope next time they will not have the two events on the same day as they were evidently not in their usual form.

While the umpires were drawing up their report, Mr. Brereton gave a small exhibition on the horizontal bar, and Mr. Budge proved as agile as ever, throwing some very fair somersaults. Two other gentlemen already mentioned gave an improvised representation of the celebrated Blondin donkey, which evoked roars of laughter.

Mr. Bligh returned and announced that Mr. Brereton's squad had won the prize, and he most certainly deserved it, for his performance would have done credit to a crack military gymnasium.

Dr. Pavy, who came in during the evening, was heartily and loudly cheered, and himself took an interest in each competition.

The following were the marks obtained by the various squads :—

1st. 313¾ marks.	2nd. 307½ marks.
1. F. S. Brereton.	2. E. J. Budge.
A. Allport.	F. M. Russell.
D. Rice.	R. Sargent.
A. W. Sheen.	H. J. Spon.
4th. 222⅛ marks.	3rd. 296⅜ marks.
3. D. W. Martin.	4. W. Bligh.
E. T. Shorland.	F. P. Cresswell.
S. Cresswell.	P. Wilmot.
E. Van Someren.	

Mr. Bligh had one man short owing to the unavoidable absence through illness of Mr. J. H. Roberts, so his squad was allowed the average of the marks obtained by the lowest competitor in each of the three other squads.

Sport.

RUGBY FOOTBALL.

MIDDLESEX *v.* GUY'S.

This match, which was played last Wednesday at Richmond, resulted in a draw, neither side scoring. The excitement of the spectators was, as usual, intense, and the game was of a very fast character, the teams pressing one another most stubbornly. Guy's looked like scoring in the first half, and had the forwards followed up better there is little doubt they would have done so, helped as they were by the brilliant punting and running of W. G. Mitchell, and the careful and well-judged play of H. C. Cooper. After half-time, Middlesex, with the wind in their favour, pressed us very hard, but our forwards played a good defensive game, and Ensor and Cooper were indefatigable. Both sides touched down once, but no try was obtained and a draw therefore resulted. Teams :—

Guy's.—E. Reid (back), W. G. Mitchell, J. W. Ensor and J. H. Bettington (three-quarter backs), H. C. Cooper (captain) and P. M. Jones (half-backs), F. G. Swayne, E. T. Shorland, A. W. Sheen, W. H. Jewell, H. Robinson, F. T. Cloud, C. S. Pantin, R. H. Moon, and T. G. Birdwood (forwards).

Middlesex.—F. W. Cookson (back), G. S. Marshall, S. H. Lee, and L. A. Williams (three-quarter backs), W. F. Lucas and M. B. Pinchard (half-backs), S. B. Hulke, C. H. Nicholson, C. E. Maude, W. H. Boazman, H. L. Porteous, A. F. Palmer, S. A. Gibbs, M. H. Raper, and H. S. Covernton (forwards). Referee, Mr. H. L. Ashmore (Richmond).

On Monday last another attempt was made to decide this match, but both sides obtained a try, and it was, in consequence again drawn. A meeting was afterwards held, at which it was decided to suspend the ordinary rules and allow St. Thomas's to play, notwithstanding their offence in having given a place in their team to a fifth year's man. Lots were then drawn, and Middlesex obtained a bye, whilst Guy's was pitted against St. Thomas's Hospital.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL *v.* EASTBOURNE.

On Wednesday, March 4th, through the kind invitation of H. J. Holman, who in years gone by used to be captain of the Guy's Association eleven, the hospital team journeyed down to Eastbourne to play a team of the local schoolmasters. Toward three o'clock we went to the ground, where, after we had gone through the ordeal of having our photograph taken, the real business of the day began. During the first half of time we played with the wind and hill in our favour, but only managed to score once, partly through the dallying of our forwards in front of goal, but also through the grand defence of our opponents' backs, who kicked brilliantly. The game was very fast, first one goal being attacked and then the other, but nothing further was scored by either side before half time. After changing ends the home team scored a goal immediately, thus making the score even. They continued to press for some time, our team not being able to rally well against the wind. But our goal-keeper saved us from any further loss, but by some very fine play and after a very exciting scrimmage in front of our goal, the play was transferred more into our opponents' ground, and just before time was called Cotterill scored a second point for us, thus leaving us the winners by two goals to one. After the game, C. G. Roberts entertained us to tea, and then after a short stroll we went to Holman's rooms for dinner, at the end of which our captain proposed the health of our kind entertainers, which was cordially drank, and then we had to hurry away to catch the last train to town. Thus ended a most enjoyable day, thanks to the old Guy's men mentioned above.

GUY'S v. ST. BARTHOLOMEW'S.

This match, the semi-final for the Hospital Association Challenge Cup, was played on the Essex County Ground at Leyton on Friday, March 13, in fair weather on a good ground. A very large number of Guy's men witnessed the game. Bart's started the ball against the wind, and ran straight away through our defence and obtained a corner, which they failed to profit by. Frith cleared brilliantly, and our forwards made an attack on the opposing goal. The Bart's forwards, who played a well-combined and dashing game throughout, now secured a goal, Fernie putting the ball through from the wing, a claim of off-side being disallowed. After some minutes' loose play, Thurston was unfortunately beaten by an easy shot (0—2). For the remainder of the first half neither side had the advantage. Poole put a corner which landed on the cross-bar, and fell behind. Mitchell re-started the ball, and for half-an-hour the game was

very exciting, Daniell playing a splendid game, appearing to be all over the field at once. Hibbard put through a "beauty" from a pass by Lawrence, amid a storm of applause (1—2).

The game was very even now, the ball travelling rapidly from one end to the other, Frith and Packer clearing repeatedly. Hogarth now got an opportunity, and sent in a magnificent centre, which Dixon headed through, the ball striking the post (1—3). Hogarth again came away at a great pace through the backs, and secured a goal, the last and best of Bart's goals. Guy's forwards played well together for the remaining ten minutes, having decidedly the best of the game. Hibbard kicked over once, and once Guy's gained a corner. Mitchell put through a fine shot one minute before time was called, and thus a good game ended in Bart's favour (4—2).

Individually our forwards played well, but lacked the combination of the Bart's forwards. The absence of Sharp made some difference to our defence, which, however, maintained the high reputation they have gained this year. Hogarth and Fernie, at back, were the pick of the Bart's men.

Guy's.—H. B. Thurston, W. S. Frith, H. D. Packer (backs), H. Hewetson, A. M. Daniel, W. Poole (half-backs), W. H. Fisher (capt.), C. E. Hibbard (right), W. G. Mitchell, Cotterrill, A. Lawrence (left). C. E. Blount, Referee.

GUY'S HOSPITAL v. CHISWICK PARK.

This, the last fixture of the Association for the season, was played at Chiswick on Saturday, March 14, and ended in an easy win for the home team to the extent of five goals to nil. They had got a very strong team against us, and our team were very slack and tired from the cup tie the day before, and had to act on the defensive nearly the whole game, but for occasional rushes by our forwards, whilst they never quite succeeded in scoring, although they were near doing so several times. As stated above, this match brought our season to a close, during which we have played twenty-one matches, in we have been successful in seven, and drawn four more, which leaves ten that we have lost. But when we come to look at the goals scored, we find that we are equal with our opponents, as we have each obtained forty-five goals, showing that although we have lost more matches than we have won, yet we can only have been beaten by a narrow margin, whereas, when we have won, we have generally got home pretty easily.

RECENT PUBLICATIONS.

Hoffding's Outlines of Psychology, translated by Mary E. Lowndes. Post 8vo., 6/-

Johnstone's Botany: A Concise Manual for Students of Medicine and Science. Post 8vo., 6/-

Moullin's Surgery. Royal 8vo., 34/-

Owen's Elements of Ophthalmic Therapeutics. 4to., 4/6

Pathological Notes.

The following notes of post-mortem examinations were taken from an old work on pathology, and are interesting on account of the rarity of the injuries described.

FRACTURE OF THE ANTERIOR ARCH OF THE ATLAS.

A countryman, 35 years of age, of scrofulous constitution, while engaged in a pugilistic encounter, was struck violently on the forehead with the fist, and fell to the ground on the back of his head as if struck by lightning. He was quite powerless, the whole body quivered for a minute, and he was dead.

Autopsy.—There was a large bruise on the forehead and much blood extravasated into the tissues at the side of the neck, but nothing could be made out by palpation. On removing the posterior part of the spinal canal the dura mater in the neighbourhood of the foramen magnum was found to be extensively ecchymosed, and on taking out the spinal cord the anterior arch of the atlas was seen to be entirely separated from its lateral masses, and to have exerted strong pressure on the dura mater. The membranes were ecchymosed, and the substance of the cord was to a certain degree softened.

FRACTURE OF THE POSTERIOR ARCH OF THE ATLAS.

From a labourer, aged 45, who fell from a height whilst at work and struck the back of his head violently against the ground. He was found unconscious, breathing very feebly, his whole body stiff like a corpse, and dirty from involuntary micturition and defæcation. The upper part of the neck, close to the occiput, showed an extensive excoriation and ecchymosis. In spite of active treatment the pulse continued feeble, the surface of the body cold, the face became livid, and he soon died.

Autopsy.—On careful palpation of the back of the neck an obscure feeling of crepitus was elicited. A section through the soft parts in the cervical region behind showed extensive infiltration with blood. The posterior arch of the atlas was broken off from the lateral masses, and the right extremity of the arch protruded into the spinal canal. On opening the spinal canal the dura mater opposite the fracture was found deeply depressed by the end of the broken bone, and there was a mark on the spinal cord surmounted by a broad red zone. The adjacent membranes were ecchymosed, but there was no sign of laceration and destruction of the proper substance of the spinal cord. The convex surface of the liver showed many ecchymoses.

FRACTURE OF THE AXIS.

From an old soldier, aged 60, whose constitution had been ruined by syphilis. He was unexpectedly attacked from behind, and quickly turning his head to one side, he fell down dead as if from an apoplectic stroke.

Autopsy.—On opening the spinal canal the dura mater opposite the axis was found to be bruised, and membranes were infiltrated with blood. There was a fracture of the axis passing through the line of junction of the pedicles with the body and superior articular processes of that vertebra, and the spinal cord was compressed.

FUCHSIN BODIES.

In December of last year Dr. Russell, of Edinburgh, read a paper before the Pathological Society of London, in which he described his observations on certain bodies existing in cancerous growths. At the same time a large number of microscopic sections and drawings were exhibited, which illustrated the characters of these bodies. A special method of staining them was described, and as their nature was doubtful he gave them provisionally the above name. The mode of staining was published with his paper, from which the following account has been extracted, and combined with a few practical details.

Mode of Staining.—These two solutions are necessary:—

(*a*) A saturated solution of fuchsin in 2 per cent. carbolic acid in water.

(*b*) A 1 per cent. solution of iodine green also made with 2 per cent. carbolic acid in water.

Both solutions must be filtered before use. The thinnest sections of tissues to be examined are placed in water to remove spirit, and then transferred to the fuchsin solution (No. a), where they remain for *at least* ten minutes. Wash in water for a few minutes to remove the excess of fuchsin, then transfer each section to absolute alcohol for half a minute. In doing this it should be carefully spread out upon a lifter, and slowly placed in the alcohol, so as to avoid any wrinkling. The alcohol removes more of the fuchsin, and dehydrates the section, so that in the next step when it is passed into the iodine green solution (No. b.), the section spreads out well on the surface of the fluid. Here they remain for five minutes, and are then returned to absolute alcohol. As the iodine green solution appears very dark by reflected light, it is difficult to get the sections flat on the lifter. This may be facilitated by placing the watch-glass of iodine green on white paper, or better still, by holding it up from the table so as to allow light to pass up through the solution. When on the lifter, convey the section to absolute alcohol for *a few seconds* only, as this rapidly dissolves out the iodine green, which is to be avoided. On the other hand, if the time is too short, the section will not be properly dehydrated, and will then become milky in oil of cloves. As a matter of fact, if the section is sufficiently thin, it will be enough to slide it off the lifter gently into the alcohol, turn it over so that both sides are exposed to the alcohol, and then remove. The process is completed by passing the sections through oil of cloves (or bergamot, if cut in collodion) and mounting in balsam in the ordinary way.

When successfully prepared and examined under a low power the sections have a delicate green tint, due to the staining of the nuclei of the tissues. This is all that is required; the stroma should be unstained. With a low power the bodies in question appear as tiny bright red dots, generally arranged in small clusters. Under a high power ($\frac{1}{5}$ or $\frac{1}{6}$) they are seen to be perfectly spherical, homogeneous, and of about the size of a red blood corpuscle. They may be situated within epithelial cells, or among the cells of the stroma; in the latter situation the arrangement in clusters of five or six is particularly well seen, for example, in a squamous epithelioma. So much for the facts, of which there is "no manner of doubt, no possible doubt whatever." But as to their interpretation there is not the same unanimity of opinion. Dr. Russell considers them to be organisms of a fungous nature, and he describes their spore-formation in agreement with that view. Other observers attribute them to a degenerative change in the nuclei and protoplasm of the cells, or to effects produced by the aniline dyes. Thus two opposite views concerning them are held, the biological and the chemical. A discussion of these views would be wearisome, and in the present state of knowledge, unproductive. It must suffice to say that they have not yet been cultivated, and that the granules which are considered to be spores by the one party are referred to degeneration by the other. Certain it is that beside the fuchsin bodies, which are easily recognised, there are in the same sections cells whose contents are dotted with bright red granules. Whether these are the progenitors, so to speak, or the offspring of the fuchsin bodies has yet to be proved.

In conclusion we would recommend those who are examining microscopically, normal, or pathological specimens of *any* kind to contribute to this research by extending these observations.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

PARKIN BEQUEST.

In terms of the Bequest made to the Royal College of Physicians of Edinburgh by the late Dr. John Parkin, Fellow of the College, a Prize is hereby offered for the best Essay—

> "*On the Curative Effects of Carbonic Acid Gas or other forms of Carbon in Cholera, the different forms of Fever, and other Diseases.*"

The Prize is of the value of One Hundred Pounds Sterling, and is open to Competitors of all nations. Essays intended for Competition, which must be written in the English language, to be received by the Secretary not later than 31st December, 1892. Each Essay must bear a motto, and be accompanied by a sealed envelope bearing the same motto outside and the Author's name inside. The successful candidate must publish his Essay at his own expense, and present a printed copy of it to the College within the space of three months after the adjudication of the Prize.

9th March, 1891.

HOUSE APPOINTMENTS.

House Physicians.—To Dr. Pye-Smith, H. W. Webber, M.B., B.S. Lond.; to Dr. Hale White, J. Fawcett, M.B., B.S. Lond.

House Surgeons.—To Mr. Howse, F. G. Swayne, M.A., M.B., B.C. Cantab.; to Mr. Davies-Colley, G. H. Daniell, B.A., M.B., B.C., Cantab.

Assistant House Physician.—J. S. Richards, M.B., B.S. Lond.

APPOINTMENT LIST.

The following appointments have been made by the Medical Council and approved by the Treasurer:—

Obstetric Residents.—Messrs. C. R. A. Sutton (April); H. Hodgson (May); D. W. Samways (June).

Clinical Assistants.—Messrs. C. Spurrell, H. Richardson, J. W. F. Jewell, W. E. S. Cobb, E. G. March, W. Carling.

Dressers in the Eye Wards.—Messrs. D. S. Long (Mr. Higgens, May), A. Thomas, W. Colclough (Mr. Brailey, May).

Surgeons' Dressers.—Messrs. W. D. Spurrell, A. Reeves, J. H. Muncaster, C. M. Fleury, F. M. Turner, J. S. Barnes (Mr. Durham); G. Sichel, A. T. Rake, H. E. Durham, E. T. E. Hamilton, T. R. Taylor, A. M. Daldy (Mr. Howse); C. E. Salter, A. W. Sheen, R. Gillbard, P. M. May, C. C. Elliott, F. C. Young (Mr. Davies-Colley), W. A. Haslam, H. L. E. Wilks, H. B. Wilkinson, F. G. Saffery, C. G. Morice, A. H. Godson (Mr. Lucas).

Assistant Physicians' Clerks.—Dr. Pitt ( ), Dr. Perry (Mr. H. St. J. Fraser); Dr. Shaw (Mr. C. F. Wakefield, Dr. Washbourn ( )

Post Mortem Clerks.—Messrs. N. Instone, H. Cooper (April and May).

Obstetric Ward Clerks.—Messrs. V. H. Barr, C. E. Pollock

Obstetric Out-Patients' Clerks.—Messrs. W. G. Rogers, V. Pendred (1st half), P. Lord (2nd half),

Dressers in the Throat Department.—Messrs. J. M. Gill, F. D. Lumley, F. A. Osborn, W. H. Dixon.

Medical Ward Clerks.—Messrs. H. B. Bolus, S. E. Worts, W. Ashby, E. J. H. Budge, F. W. Wilson, A. Allport, S. G. Floyd, A. H. Card, F. P. Bush, A. G. Buchanan, A. V. Chapman, H. D. Eccles, J. W. Taylor, F. J. Coleman, W. J. Johnson, H. C. Sharp, J. H. Godson, W. E. Alston, G. F. Still, F. N. Day.

Assistant Surgeons' Dressrs.—Messrs. G. Mackeson, E. Hunt, E. E. Fraser, H. A. Munro, F. H. Edwards (Mr. Golding-Bird); F. C. Stearn, P. E. Bearblock, F. Hazell, R. E. G. Phillips, F. G. M. Philps (Mr. Jacobson); H. A. Hinds, R. G. James, P. Hacquoil, G. H. Field, H. J. L. Wales (Mr. Symonds); F. A. Robinson, E. Reid, J. R. Evans, C. E. Cooper, J. H. Joyce (Mr. Lane).

Surgeons' Ward Clerks.—Messrs. G. E. Lockyer, E. L. Adams, A. H. Trevor, A. P. Allan, E. E. S. Silver, E. S. Tuck, A. B. Creak, C. H. Harding, J. G. B. Coleman, J. W. Culmer, W. H. Jewell, J. B. Winter, R. C. Kirby.

Assistant Surgeons' Clerks.—Mr. E. H. Drake (Mr. Golding-Bird).

ADVERTISEMENTS.

The gradual development of the theory and practice of advertising will soon render necessary the formation of a chair of "Puffery" at one of our Universities. The following series of questions might well constitute the examination for aspirants to such a professorship, and some of our readers may like to enter the lists; in which case we will publish their answers and memorialize the new Teaching University of London when it becomes a corporate body.

1. Give the date of the first advertisement of Pears' soap. Mention the chief features of any six illustrated advertisements of the same.

2. Give as far as practicable the connection between Eno's fruit salt and:—
   (*a*) The struggle between light and darkness.
   (*b*) The honours of war.
   (*c*) The nobility of life.

3. State briefly:—
   (*a*) Who was saved by the use of Lamplough's pyretic saline?
   (*b*) Whose cod-liver oil is "as sweet as cream and practically tasteless?"
   (*c*) What is described by the *Daily News* as "the drink of the future"?
   (*d*) Who took Bouillon Fleet and when?
   (*e*) Why does a woman look old sooner than a man?
   (*f*) What is a perfect treasure in the kitchen?

4. Where do the following occur:—
   (1) Where great patricians shall attend . . . . and in the end admire.
   (2) You may change the trickling stream but not the raging torrent.
   (3) Leaves a good impression behind.
   (4) She who rocks the cradle rules the world.
   (5) Arrests all dirt.
   (6) Children like it.

5. Give a complete and scientific classification of soaps, hair restorers, and public companies.

6. Finish the following quotations:—
   (1) "I says to Mrs. Harris, Mrs. Harris says I, use . . . ."
   (2) "'Tis said pain and suffering kill hope . . . ."
   (3) "What are the wild waves saying . . . ."
   (4) "Call a spade a spade, and . . . ."

7. By buying what can one help "the East End toilers?

   What European monarch carries a box of Beecham's Pills in his pocket, and takes a couple before meals?

8. Make a careful analysis of Sequah's prairie oil and compound a mixture exactly resembling it in physical and chemical properties.

Any reader making a perfectly correct set of answers to all these questions, and doing the practical work demanded, will receive a prize of £1,000.

G. M.

Passim.

An Editor's box will shortly be placed in the Colonnade, and all men are invited to place therein contributions of special or general interest, which must be signed by the sender. The Editors also desire it to be known that they are not responsible for the opinions expressed by their correspondents, and that they reserve to themselves the right of publishing the author's name if they deem it expedient.

The result of the Boxing and Gymnastic competitions must have been very gratifying to Dr. Pavy, for it has proved to him that his gift has been thoroughly appreciated; and though, as Mr. Bligh said, there is a good deal of raw material still present, it is certain, with such leaders, that that material will develop rapidly into some finished gymnasts.

Some excitement has been caused by the discovery that St. Thomas's Hospital have been playing a fifth year's man in the Rugby Football Cup competition. Guy's men will still remember the attitude taken by this hospital in the questions raised against our holding the cricket cup a few years ago, and we cannot but congratulate our football men on the prompt way in which they have made an enquiry into the matter, and we must own to a feeling akin to surprise that the United Hospitals' Committee have come to the conclusion they have. The matter is no longer *sub judice*, and we may, therefore, be allowed to express our opinion freely, and it appears to be a curious thing that rules should be made only to be set aside when they are broken, even though the fault is unintentional, and we should advise both Guy's and Middlesex to form an armed neutrality and move in the matter.

Our readers will be glad to learn that the first portion of Dr. Wilks and Mr. Bettany's "Biographical History of Guy's Hospital" is now in the printer's hands; and that the work may be fully expected to make regular progress and to be ready for the commencement of the next winter session in October. Intending subscribers are requested to send in their names, if they have not already done so, to Mr. Bettany, 33, Oakhurst Grove, Dulwich, S.E. It is important to secure a large list of subscribers, as the number of illustrations must depend upon the funds available beforehand.

We regret to hear that the Treasurer was unable to be present on Saturday at the Physical Society's meeting. He has always taken a great interest in its work, as he does in fact with every work connected with Guy's; and we hope he will return from Bournemouth in his usual good health.

Just before going to press we have learnt that the Gull Studentship has been awarded to Mr. Frederick Gowland Hopkins. That Sir Cameron Gull has made a wise choice there can be but little doubt. Mr. Hopkins is a Fellow of the Institute of Chemistry, and took honours in Chemistry and Physiology in the B.Sc. Examination at London University. He has spent many years already in Chemical and Physiological work, and has therefore a good basis to start upon. He is well known to Guy's men, and is well liked by them, and his work on the Gazette has been no mean feature in his career. We most heartily wish him success in his responsible position, and feel sure that he is fully aware of that responsibility, and conscientiously will endeavour to turn to good account the many opportunities such a studentship affords him, and will do credit to himself and to the Hospital as the first Gull Student.

THE COLLEGE LIBRARY.

SUBSCRIPTIONS.

Amount already advertised	£259	13	6
Batho, J. E., Esq., Bath	5	5	0
France, J. F., Esq., F.R.C.S.	5	5	0
Morley Rooke, J., Esq., M.D.	2	2	0
Johnson, C., Esq., F.R.C.S.	1	0	0
Davies, F. W. S.	0	10	6
	£273	16	0

We also desire to thank most heartily on behalf of the Library Committee the following firms who have responded to our appeal for a gift of books to the Library: –

Messrs. SWAN, SONNENSCHEIN & Co. for the following volumes:—

Cricket (Gale); Anecdotes of Painting, 3 vols. (Walpole); De Quincey's Uncollected Writings, 2 vols. (Hogg); England and her Colonies (selected essays); History of Ferdinand and Isabella; Conquest of Peru; Conquest of Mexico (Prescott); Boswell's Life of Johnson, 3 vols.; Mottley's Dutch Republic; Cyclopœdia of Education; Asgard and the Gods; Epics and Romances (Wagner); and The History of Parliament (Skottowe).

Messrs. MACMILLAN & Co., who have kindly offered to send us twenty volumes, which the Committee will mark in their catalogues.

Mr. WALTER SCOTT for the following:—

The Evolution of Sex; Evolution and Disease; Hypnotism; and Sanity and Insanity.

APPOINTMENTS.

Berry, H. P., M.B.Lond., M.R.C.S., has been re-appointed Medical Officer of Health for the Grantham Urban District.

Goodall, Edwin, M.D., has been appointed Demonstrator in Pathology, at Owen's College, Manchester.

Hodgson, Victor, L.R.C.P.Lond. M.R.C.S., has been appointed House Surgeon to the Scarborough Hospital and Dispensary.

Lansdown, F. Poole, has been re-appointed Surgeon to the Bristol General Hospital.

Russell, James W., M.B., B.C. Cantab., has been appointed Resident-Medical Officer to the Birmingham General Hospital.

Births.

DUKE—On March 9th, at Locksley, St. Leonards-on-Sea, the wife of Edgar Duke, M.R.C.S., of a daughter.

HEARNDEN.—On March 12th, at Rose Cottage, Leatherhead, the wife of Walter C. Hearnden, of a son.

Marriage.

MANLEY—DUNDAS.—On March 12th, at S. Simon's, Rockley Road, W., Herbert Manley, M.A., M.B. Cantab., of West Bromwich, Staffordshire, to Alice, eldest daughter of the late Robert T. Dundas.

INFLAMMATION.

Treasurer's Prize Essay read before the Physical Society on Saturday, March 21

This subject, which occupies such a large space in the study of Pathology, no less than that of Practical Medicine and Surgery, is obviously too large to be adequately treated in a short essay; and though I shall impose two restrictions on myself, I fear that what remains will still cause this essay to be inconveniently long. These two are, firstly, to consider the general phenomena only, leaving all special cases, except as they give us a better idea of the general process; and, secondly, to lay stress on the pathological, rather than the clinical side, by which I mean the study of the essential parts of the process, its causes, its course, its modifications; in short, the complete natural history of inflammation, rather than the superficial phenomena, the means of treatment, and those complications which though often of great clinical importance, yet are more or less accidental.

Now I will not set out with defining the term inflammation. Natural processes, just like natural objects, in most cases glide one into the other by imperceptible gradations, and it is impossible to impose any limit or definition which shall be other than arbitrary. Hence in all such cases, it is the best plan to fix the meaning of our terms by types, and fit in the varieties later. It is this process by which we form conceptions corresponding to most of our common words; for instance, everyone has a sufficiently clear idea of the words animal and plant, or solid and liquid, though the exact definition in each case is an extremely difficult task.

To shew you, therefore, in what sense I am using the word, I take as the type of inflammation, the processes which follow in most organs after severe mechanical injury, and all phenomena which in any degree resemble these, I hold to deserve in a corresponding degree the name inflammation.

I cannot even accept the well-known definition of Burdon Sanderson, for some most typical instances of inflammation, *e.g.*, a first attack of gout, occur without any injury;* on the other hand I shall show later that complete anæmia is an infallible cause of inflammation, while less complete anæmia only produces fatty or other degenerations. So that we must either ascribe a true inflammation to a cause that is not an injury, or if we call anæmia an injury to the tissues, then, according to the above definition, we must call fatty degeneration an inflammatory process.

Before studying the process of inflammation let us examine in detail the causes that will produce it. Mechanical irritation I have mentioned before, and however various the forms of it may be they all act in

* I do not consider that the presence of crystals in the tissues deserves this name; besides, these crystals are undoubtedly deposited some time before the gouty attack, and remain long after it.

essentially the same manner, differing only in degree and in extent or distribution. All these forms are so common in clinical practice that I need not dilate on them here. I shall only point out how greatly the tissues differ in their powers of resistance, so that an irritation which produces no effect on one may be almost fatal to another. Thus, of all the tissues of the body none but the epithelia will stand the ordinary conditions of exposure on the external surface; so that if by wound of epithelium any deeper tissue becomes exposed, it invariably inflames, and the inflammation continues so long as the exposure lasts. But all epithelia are not alike in this respect. Even the epidermis of some persons is so delicate as to break out in an eczema from causes which would be innocuous to most people; while most of the mucous membranes are unable to bear the friction and dryness which attack them if they become unnaturally exposed. The severe inflammation of the cornea which follows as soon as it is no longer protected by the eyelids (as in injury of fifth nerve) is a case in point.

A second class of causes is the chemical irritants. Almost any body if allowed to act on the tissues will cause inflammation. But the only common cases are the various counter irritants used on the skin, and the caustics, which in clinical practice are used so strong as to cause necrosis of the tissues, so that inflammation only occurs in a narrow surrounding zone. Under this heading, I class a very important group of inflammations, viz., those caused by micro-organisms; for many of them have been shewn to produce chemical substances which act as irritants if injected into the animal body. The ptomaines were the first to receive attention, but other bodies also play a similar part; for Brieger has shewn that the commonest of all the pyogenic cocci produces no ptomaine. The anthrax and tubercle bacilli produce albumoses, by which, possibly, they cause inflammation.

I want, however, to direct special attention to two causes of inflammation, which, owing to their less frequent occurrence clinically, are apt to be overlooked, viz., anæmia and abnormal temperatures. Both of these are capable of exquisite graduation in application, so that they are especially suited for observing the correspondence between cause and effect.

Everyone knows the inflammation which heat can produce, yet the cases seen in hospital do not teach us so much as cases where it is experimentally applied. For the former are due either to boiling water or substances hotter still, and the action on the tissues is most unequal. Even the most superficial layers are rarely raised to so high a temperature, while those half-an-inch deep, being constantly permeated by a rapid current of blood at a constant temperature may be quite unaffected by the heat.

It is therefore not surprising that the varieties of burns and scalds differ not so much in the degree as in the extent of the inflammation; that is the *depth* to which the process extends. Thus, in the 2nd degree, only part of the cuticle is destroyed, in the 3rd, the papillary layer, in the 4th, the whole thickness of skin; while in each case, inflammation extends somewhat deeper than the necrosis.

If, however, we first arrest the blood current in a part and then place it a short time in water of a known temperature, all its tissues soon become of an equal temperature. On now removing it, a typical inflammation is produced, varying in degree entirely according to the degree of heat or cold used. Cohnheim found that a rabbit's ear thus treated at a temperature of 42-44° C. on removal shewed only active congestion, on exposure to 48°-49° œdematous swelling occurred in addition. 50-52° caused very violent inflammation, while higher temperatures caused more or less hæmorrhage, and lastly, exposure to 56°-60° caused necrosis.

The effects of cold are quite similar, and, being less painful than heat, are quite easily verified. If, after tightly ligaturing a finger, you place it in a mixture of ice and salt, it becomes frozen in a few minutes. It changes from a purple hue to a dirty white, becomes stiff, and absolutely anæsthetic. If we now withdraw it from the freezing mixture and remove the ligature, the subsequent behaviour depends upon the temperature to which it has been exposed. In trying the experiment on myself I first used a temperature of–2° C. After thawing, there occurred increased redness and heat, with slight tenderness. On a second occasion I used a temperature of–7° C., or less, and as reaction all the symptoms of inflammation appeared. Each finger swelled, becoming greater in diameter by a quarter of an inch, and was hot, red, painful, and useless for ordinary purposes till four days had passed, and even longer. As in all cases where the skin is involved peeling set in about ten days later. Beyond this degree I have not experimented, but according to Cohnheim, exactly the same series of phenomena are developed as with heat.

With complete anæmia we get a parallel series of results. If a rabbit's ear be ligatured firmly for an hour or two, on restoration of the circulation, all the vessels dilate. This stage of active hyperæmia may often be observed in man after the application of Esmarch's bandage. If the ligature remain on for 8-10 hours, swelling also sets in, and if the ear be examined P.M. at this stage it is found infiltrated with a serous exudation full of corpuscles. Twenty-four hours anæmia will cause a severe hæmorrhagic inflammation, and still longer anæmia results in necrosis. A notable example of the effects of complete anæmia on the functions of the tissues is seen in the kidney, in which a few minutes stoppage of the blood supply will cause cessation of secretion afterwards.

Bed sores and splint sores are examples of inflammation following continued anæmia, for the pressure which causes them is usually not irritating to the tissues in itself like a bruise. Another example is sometimes seen in a hernia which has been strangulated and after some time relieved, where intense inflammation may set in, causing complete obstruction to the passage of food.

From these experiments we learn, first, that hæmorrhage, often of a severe kind, often occurs from causes which do not tend to rupture the vessels; secondly, that whatever be the irritant applied the same reaction follows, differing only in degree according to the degree of irritation. Chemical irritation permits of graduation either by using solutions of different strengths, or by allowing the same solution to act for different times. Mechanical irritation too is susceptible of graduation, though in a more clumsy way, and these grades, if employed, cause different degrees of inflammation. The lowest degree is mere active congestion; next comes œdema; then hæmorrhage; and lastly necrosis.

It is worthy of note that in this series suppuration finds no place. No simple irritant, like those above mentioned, when applied for a moderate time only, will cause suppuration, in however severe a degree it works.

There are a large number of inflammations, especially those of deep seated organs, whose ætiology is still obscure. For a great many cold is put down as the cause, for many more alcohol, gout, rheumatism, &c., yet the connection between cause and effect is too variable for us to think that we know the whole cause. The facts, therefore, are yet too uncertain to serve as foundation for any theory; in particular, the nervous theory of inflammation which is largely based on such cases, receives only weak support from them.

Having dealt with the causes of inflammation, let us now consider the process itself. Heat, redness, pain and swelling in typical cases are very obvious symptoms. In addition to this, loss of function and two constitutional changes were well known to older observers; the latter are respectively fever and the alteration of the blood, so that it forms a buffy coat. Both these require, however, inflammation of considerable extent. Exudation of fluid, either on a free surface or into a natural cavity, occurs whenever the anatomical conditions allow of it. The phenomena of suppuration and cicatrisation do not occur till late in the course of the disease, and I shall consider them separately later on.

The loss of function, I may remind you, though differing in each organ is a very general phenomenon.* Nerves refuse to conduct impulses, muscles refuse to contract (as is well seen in most cases of peritonitis where the musculature of the intestines or other organs is involved), and glands refuse to secrete their normal juice, though often forming an abnormal exudation. Thus, in the case of gastritis, the non-secretion of pepsin is the chief feature of the disease, and in nephritis the excretion of urea is diminished or suspended, while albumen appears abnormally in the urine.

Such were the phenomena known to the older observers; what new facts has modern research brought to light? The use of the microscope soon revealed that the inflamed tissues were thickly packed with cells, which cells, many observers, but in particular, Virchow declared to resemble the white corpuscles of the blood. Then the dilatation of the vessels (which is also perceptible to the naked eye) and the slowing of the stream were observed microscopically. W. Addison, in 1843,* was the first to announce that these cells were simply emigrated white corpuscles. He found the latter more numerous in blood drawn from an inflamed than a healthy part, he discovered them in the tears in a case of corneal ulcer, and on comparing pus corpuscles and leucocytes he found no difference. Since, however, he says the same of the cells of the mucous secretion, his assertions, if unsupported, would not carry much weight. On observing the process of inflammation in the frog's web, he saw the acceleration, the adherence of leucocytes to the vessel wall, stasis, and to and fro movement in different zones round the irritated spot. He observed the tissues of the web after a time infiltrated with leucocytes, and he guessed these to have come from the vessels. That he could not watch the process of emigration is not surprising; in fact, he could not distinguish any definite wall to the capillaries, and was inclined to regard them as mere channels in the tissue. A. Waller,† 3 years later, used the frog's tongue, which is a very much better object for observation; and was able to observe the whole process of emigration. But these observations were forgotten, and Lister, who published a very careful paper in 1858‡ on the early stages of inflammation as seen in the frog's web, was quite ignorant of them. Wharton Jones and Paget, distrusting the analogy between warm and cold blooded animals, used the wing of the bat and succeeded in observing the dilatation of vessels, slowing of current and adherence of cells to the vessel wall, but they also missed the emigration of leucocytes.

During this time Virchow's doctrine that the inflammatory cells rise from the tissue cells held sway, till Cohnheim by a brilliant series of experiments proved the contrary in 1867.§ He watched the whole process of diapedesis, both of white and red corpuscles in the frog's mesentery, and his descriptions¶ are by far the most vivid and accurate of any accessible to ordinary readers. Since then Thoma|| has observed the same processes in the mesentery of the dog, so that Paget's objection must be given up.

But if the vascular changes are the essential processes of inflammation, what happens in the non vascular tissues? This question which has been chiefly studied in the cornea has caused a lengthy controversy. Cohnheim, in his first paper, shewed that in keratitis following central irritation in frogs, the opacity always begins at the margin opposite the chief blood vessels, and advances towards the centre; and that whenever, as usually happens in mammals a central opacity appears,

* Of course only *vital* functions are here referred to. An inflamed cornea and a hepatised lung both function badly, but from purely physical reasons. An inflamed limb is only useless on account of the pain caused in attempting to use it.

* Transactions of the provincial Medical and Surgical Association, 1843 and 1844.

† Philosophical Magazine, 1846.

‡ Philosophical Trans., 1858.

§ Virchow's Archiv. xl.

¶ Esp. Cohnheim's General Pathology translated—New Syden. Soc. Vol. 1, p. 247 ff.

|| Virch. Arch. lxxiv.

it is due to leucocytes, previously free in the conjunctival tears which have immigrated through the injured spot. He also found that if pigment is injected into a frog's lymph sac, or into the blood, after a few days many of the leucocytes of the blood contain granules of the injected pigment. If now keratitis be induced, many of the inflammatory cells contain pigment, thus proving their migratory origin.* Senftleben found that a dead cornea introduced into the peritoneal cavity of a rabbit became infiltrated in exactly the same way as in keratitis.† And since in the former case the cells must have migrated, and not formed *in situ*, the same may be assumed in the latter.

So much for the cells. As regards the liquid exudation, Lassar showed that the lymph flowing from a part is immediately increased when inflammation is set up, before any local swelling appears. This proves that the latter is due to increased exudation of lymph, not to retardation of its removal, so that it only occurs after the amount exuded has so far exceeded the normal that the lymphatics are unable to cope with it.

Inflammatory lymph differs from normal lymph in composition. The latter is much more dilute than blood serum, containing roughly half the amount of albumen. The former is of higher specific gravity, and approaches blood serum in character. This is markedly different from the lymph of venous congestion, which is much poorer in solids than even normal lymph. It is also very poor in white corpuscles, though in very severe cases containing many red ones.

Let us consider the causes of the various phenomena in order.

The causes of the dilatation of the arteries are two. First, the irritant in many cases causes a reflex dilatation, which is immediate, and generally not confined to the irritated spot. It is also often transitory. Much more important is the direct action of the irritant on the vessel wall. That this causes weakness and loss of tone is proved by the fact, readily observed in the frog's web, that some irritants, *e.g.*, scratching with a needle, cause contraction, quickly followed by a more lasting dilatation, and that a second application of the same stimulus causes a much smaller contraction.

In the experiments above mentioned of freezing my fingers, I observed that the inflamed fingers remained hot even if exposed in frosty weather without gloves, showing that the arteries did not contract to cold like those of the healthy skin. Though the veins and capillaries both possess power of vital contraction, yet their dilatation in inflammation is probably chiefly due to the elastic reaction to increased blood pressure.

The marked slowing of the stream even through the dilated vessels depends on a tendency of the corpuscles, chiefly the white, to adhere to the vessel wall and each other. This phenomenon cannot be due to change in the blood, for this is constantly being renewed at the spot irritated from blood coming from the heart. Even a mass of corpuscles from a vessel in absolute stasis may be washed away; and as soon as it arrives in a healthy vessel its corpuscles appear perfectly normal. Lister also shewed that chloroform causes adhesion of the corpuscles when inside the vessels, although its action on shed blood is just the reverse. The irritants therefore must act chiefly on the walls of the vessels. Lister* has shewn that they all act deleteriously on such cells whose functions we can directly observe, *e.g.* ciliated and pigment cells of frog, hence it is not surprising that they should weaken the arterial muscular fibres, and also cause such changes in the endothelium as to bring about increased adhesiveness and increased permeability.

The arrangement of corpuscles in two layers is a mechanical phenomenon which has been imitated by Schklarewsky with suspended carmine and milk flowing through a fine glass tube.†

The diapedesis has a very simple explanation. It is entirely dependent on the blood pressure; and when the artery supplying the affected part is ligatured or compressed, all diapedesis stops. The white corpuscles emigrate, though in small numbers in the healthy body also.

Arnold has shewn that the corpuscles pass out between the cells. He found that in inflamed capillaries the spaces occupied only by cement substance were larger than normal.

The simple rise of pressure will cause red corpuscles to extravasate, as seen in severe venous obstruction. As to the white, their amæboid movements may help the process; certainly one never sees them emigrate without throwing out pseudopodia. But they alone in absence of internal pressure do not suffice. It is held by many that quinine which arrests amæboid movements, arrests diapedesis simply in consequence of this, but it may have a toughening action on the vessel walls. A most important factor is the alteration in the vessel wall, since otherwise the emigration in inflammation and in venous congestion would be identical, whereas they differ widely, as we have seen.

We have still to explain the clinical symptoms—pain, heat, and fever.

That the first is often due to the tension acting on the nerves cannot be doubted if one once observes the throbbing pain of an acute abscess and the relief which follows incision.

Yet in œdema we very often see greater swelling than in inflammation affecting the same region. So that I think that injury to the nerves or their terminations, either by the irritation which brought on the inflammation or by the abnormal transudation, must also have a good deal to do with it.

The local rise of temperature is, of course, only observed on superficial parts, and is chiefly due to

* This experiment does not succeed in the rabbit. Virch. Arch., lxxii.

* Phil. Trans., 1858.

† Pfluger's Arch., i. Hamilton's extensive experiments on similar subjects [*vide*. Text book of pathology] may be valuable, but he explains the vascular phenomena on the supposition that the white corpuscles are of less density than the plasma. In *shed* blood at any rate they sink, as I have seen myself cp., also Schklaravsky's conclusion on this point.

increased afflux of blood, as in active congestion. In very chronic cases, where the blood passing the part may be less than normal, a fall of temperature results.

Whether any increase of heat production takes place locally is very doubtful, for its effect would be slight, and overmasked by the altered vascular supply. Klebs* states that while preventing loss of heat from a limb, or after stopping the circulation he has got evidence of an increased heat production in inflammation, but this must be slight and of no practical importance.

Our knowledge of the cause of pyrexia is, up to a certain point, complete. It does not depend on heat generated at the inflamed spot, but upon some abnormal substances formed there and thence absorbed into the blood. The first theory was upset by J. Hunter, who shewed that the temperature of the skin of an inflamed region was less than that of the interior of the body. It must, therefore, absorb heat from the circulating blood, and not vice versâ. This fact, though denied, has been confirmed by the most recent accurate experiments.

As long ago as 1864 Billroth and Weber each succeeded in producing fever in animals by injecting various putrid matters. Since then other pyrogenic substances have been found in great number; but septic materials still deserve the name *par excellence*. More recently when we learnt to distinguish the living bacteria from the chemical substances which they produce, it has been shewn in several instances that the latter are quite competent to produce high fever. Now fever by no means always accompanies inflammation even though wide-spread; but it is most marked where septic materials are pent up at high tension. It is said [though we get little opportunity of verifying the statement] that large amputation wounds may be treated without any dressing and no fever result; while if the discharges are kept in by a dressing, fever at once sets in.

Fever occurring in non septic inflammations has an exactly similar explanation. Edelberg has shewn that fibrin ferment is pyrogenic, which would account for a rise of temperature after simple fractures. But the latter class of bodies is less powerfully pyrogenic than the septic class; and correspondingly it is rare for aseptic wound fevers to rise so high as septic ones.

We still have to consider the process of suppuration. We have already seen that as far as cause is concerned this is distinct from simple inflammation. However similar a pus corpuscle is to a leucocyte under the microscope, yet to the naked eye pus does not resemble serous or fibrinous exudation. It is also characterised by a tendency to be circumscribed; it rarely infiltrates like the two latter, and if it does, quickly causes necrosis. It does not coagulate and it contains no fibrinogen. What is more remarkable, if a fibrino-serous effusion, as ordinary pleurisy, turn purulent, the previously formed fibrin redissolves. The tissue in which pus forms softens and breaks down in the process. But in no respect is pus more peculiar than in its power of resisting absorption. Though its cells are in part alive, and show amæboid movement, yet they never develop into any higher form.

The special cause of pus is in most cases micro-organisms. I need not detail at length how Lister shewed that by preventing access of bacteria, we could prevent suppuration in wounds. But since, now-a-days, Lawson Tait and others lay stress on the fact that simple cleanliness, entirely irrespective of antisepsis, will in many cases prevent suppuration, I will call attention to those cases where foreign bodies, animal, vegetable or mineral, are got to heal into the living tissues. Of these we see some examples as wire and silk in hospital practice, but much greater variety of bodies have been used experimentally, from lumps of hardened liver to sponge and glass. Such operations without antisepsis almost invariably cause abscess.

Ogston showed, in 1881, that micrococci are almost always present in abscesses as well as open wounds. Since then one species, staphylococcus pyogenes aureus, has been shown to be present in the majority of cases.

It has been found not only in subcutaneous abscesses, but in boils, carbuncles, impetigo, acute necrosis (invariably) empyema, idiopathic, cerebro-spinal meningitis and sympathetic ophthalmia. Garré* by rubbing a pure culture of this species into his own uninjured skin, produced a carbuncle and boils; Bockhart, by lightly scratching his skin and inoculating a diluted culture, got impetigo and boils, while Bumm produced subcutaneous abscesses on himself and others by injecting a diluted culture. Numerous experiments on animals, in the main, resemble those on the human being, though animals differ in their susceptibility to different species of cocci.

Whether pus ever forms without cocci has been much disputed, but Councilman's experiments† are, I think, conclusive. He sealed up an irritant (1 part croton oil plus 5 parts olive oil) in fine glass tubes, sterilized them thoroughly, and then got them to heal into the subcutaneous tissue of a rabbit. After healing was complete he broke them by external pressure, and in every case an abscess resulted.

Grawitz‡ also got abscess by injecting argentic nitrate and other substances, in strengths which would have destroyed any bacteria present. Koch found that a boiled pure culture of bacilli (in which, therefore, no bacilli were living) if injected subcutaneously gave rise with certainty to abscess.

Grawitz thinks that in all cases besides the pyogenic coccus either an open wound, or else some chemical irritation, is necessary in order to produce suppuration.

It seems probable, therefore, that though in nature pus never results without the aid of bacteria, yet that certain chemical substances which are sufficiently powerful, and also resist absorption and dispersion, will also cause it.

* Allgemeine Pathologie, Zweiter Th., s. 387.

* "Baumgarten's Path. Mykologie." For the knowledge of this work I am indebted to Dr. Washbourn.

† Virchow, Arch. xcii.

‡ Virchow, Arch. cviii.

But all the stress should not be laid on the parasite, for the host is equally important. In some animals, *e.g.*, the cow, the peritoneum is frequently opened in a rough and ready way without bad effects, as, when a cow suffers much from flatulence, a direct incision is made to allow the gas to escape. Such a proceeding on a man or a horse would almost certainly set up suppurative peritonitis.

In the foregoing account of inflammation I have not mentioned the part which the tissue cells undergo in the process. According to Cohnheim they only play a passive part and suffer from the unfavourable circumstances in which they are placed. He could only find evidence in his acute experimental inflammations of degenerative changes. Such changes in the form of fatty and other degenerations are very familiar in chronic inflammation. Though no one can now take up his standpoint, yet in one point his teaching is still unrefuted. No indisputable evidence has been brought forward that a typical pus or lymph corpuscle ever arises from fixed tissue cells. Though the tissue cells proliferate, their brood do not resemble pus corpuscles.

Proliferation is most obvious in catarrhal inflammation. Here the quantities of epithelial cells cast off and found mixed with more or fewer leucocytes leave no shadow of doubt that a rapid multiplication occurs.

The peeling that follows many forms of dermatitis, as sunburn, scarlatina, &c., is evidence of the same thing.

But there is one tissue so common after inflammation as to be taken as characteristic of it, viz., cicatricial tissue, and to the development of this most attention has been directed.

That the epithelium which covers over scars is regenerated solely from epithelium is absolutely certain, though the contrary was at one time believed; and it finds a useful application in the process of skin-grafting. All that remains, therefore, is to clear up the origin of the connective tissue.

Ziegler* formed small chambers by cementing cover glasses together in pairs, leaving one end open. By introducing these into the subcutaneous tissue of a dog and removing them after different dates he traced the growth of granulation tissue. At first the chambers contained simply leucocytes, but after about the fifth day other larger cells with a larger nucleus appeared. These, which resemble the epithelioid cells described in tubercle, I shall in the following call fibroblasts. Later on these increased in number while the leucocytes diminished, partly breaking down into granules. The fibroblasts grow by devouring these, and if they have the opportunity will take up other substances, as Indian ink or fat globules Some of them form giant cells by fusion [these are much commoner round foreign bodies than in ordinary granulations] while others become spindle shaped or tri-radiate, and their protoplasm becomes gradually transformed into white fibrils. Tillmans† introduced pieces of dead and hardened tissues into the peritoneal cavity, and found that cuts in dead liver so treated cicatrized in exactly the same way as those in the living liver. Both these observers therefore concluded that the cicatricial tissue develops from wandering leucocytes. But there is a gap in the above observations, viz., the transition from the leucocyte to the fibroblast. But fibroblasts are migratory and show amæboid movements, so that there is no reason to believe that they are developed *in situ*.

Now many observers [Cornil and Ranvier, Hamilton] find that in early peritonitis in mammalia such cells, entirely dissimilar from leucocytes, are budded off from the peritoneal endothelium, and also from that lining the blood vessels.

It is therefore probable, though not absolutely proved, that the formation of new connective tissue proceeds entirely from former connective tissue cells, and that the leucocytes take no part in it. In the cornea, Senftleben* observed the whole process of regeneration from the fixed corpuscles in the entire absence of any wandering leucocytes.

In the last few years a new method has been applied to detect the multiplication of cells in pathological processes. In 1875 Strassburger and Flemming first observed the remarkable changes which take place in almost all nuclei preparatory to cell division. So unlike these figures are to ordinary resting nuclei, that many observers who had seen them before did not understand their nature. We have here a simple means of testing the question as to the progressive change of any sort of cell in inflammation, for if the tissue be well preserved the nuclear figures are unmistakeable.

Recent research has detected these figures after wounds or other forms of inflammation in almost every kind of cell in the body.†

Of epithelia the Malpighian and granular layers of the skin, the corneal, tracheal, bladder and stomach epithelia, the root sheath of hairs, the sweat and sebaceous glands, the liver cells, bile duct cells, kidney epithelium, salivary gland, and the endothelium of capillaries shew their presence; also they occur in periosteal callus, in choroid, in unstriped muscle, and even in the ganglion cells of the brain and retina as well as the supporting cells of these two organs.

Painting the human skin with iodine has been found to produce them, and so has chronic lead poisoning. We have here undoubted evidence that the cells of these various tissues multiply during inflammation, though not, as a rule, till a day or two after the injury.

On looking at the lower animals we find that most complex organs may be completely regenerated. I have seen a frog, who in some way or other had lost one leg; and growing from the stump was a miniature reproduction of the lost part, toes, web, joints, and all tissues represented. Lizards, which have a habit of spontaneously amputating

* General Pathological Anatomy trans. by Macalister.

† Virchow. Arch. lxxviii.

* Virchow. Arch. lxxii.

† Eberth in Virch. Arch. lxvii., on the Cornea is the first paper on this subject. Latterly papers by Coens, Podwyssozki, Krafft, Baguis, Busachi, Griffini and Vassale in Ziegler u Nauwerk's Beiträge.

their tails, are often seen in the process of growing a new one; in this case even the spinal cord, with its nerves, has been found reproduced. In the above cases no sign of inflammation can be observed; and the process resembles entirely that by which the original tail or leg was produced. Regeneration is in these cases exactly similar to generation, and until we can explain the latter we cannot understand the former.

Now the processes of regeneration as it occurs in the human body only differ in two respects from those which are seen in reptiles and amphibia; first they are almost always associated with inflammation; secondly they are much less active. Except in connective tissue and in laminated epithelium, regeneration never suffices to make good a defect of more than microscopic minuteness. Thus in the liver reproduction occurs to a slight extent, but in the kidney no new tubules are ever formed. In skin no new hairs nor glands are formed. In the brain and retina there is no trace of regeneration. Though the tissue cells do divide in the last two organs, they are quickly surrounded by vascular connective tissue and perish. The reason therefore that granulation that is, growing or embryonic, connective tissue is so characteristic of productive inflammation is that connective tissue occurs in almost all the organs of the body, and it alone has an almost unlimited power of growth, while the growth which takes place in other tissue elements is feeble and usually aborts.

At the end of my essay, I may not seem much nearer a definition of inflammation, but one attempt at limiting the term seems to follow logically from the above facts.

The processes of regeneration, by which term I include the formation of cicatricial tissue, are in origin entirely distinct from those of inflammation. It is only a peculiarity of man and the higher animals that they should be so often associated, while in the wide territory of the invertebrata as well as the lower vertebrates, their mutual dependence is none so close.

BOXING COMPETITION.

We are unable to give the results of this competition as the final ties have not been decided up to the moment of our going to press. If we may act as prophets we would prognosticate success for Messrs. Allport, Russell and Roberts. Mr. Angle very kindly acted as umpire, and our Committee must be congratulated on having obtained the services of such a well known judge.

COMMUNICATIONS, BOOKS FOR REVIEW, ETC.,

Received from:—*Mr. Bettany; Mr. Collier; Messrs. Griffin & Son; Messrs. Longmans & Co.; Messrs. Macmillan & Co.; Messrs. Cassell & Co.; Veritas; A Fives Player; An Old Guy's Resident; the Annual Report of the Croydon General Hospital; the University Correspondent; the Hospital Gazette.*

THE SPECIAL SUPPLEMENT.

We would remind our readers that the present number of the Gazette is enlarged to sixteen pages in order that the prize essay on Inflammation may be fully reported, and we have received the thanks of the Presidents of the Physical Society for so acting in the matter.

During the Easter vacation the Gazette will not be published.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

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All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MAY 2, 1891.

THE PROPOSED RE-ORGANIZATION OF LONDON UNIVERSITY.

W. J. COLLINS, M.D., M.S., B.Sc. (Lond.)

The establishment of a Teaching University in London and the institution of an M.D. degree of no greater severity than the M.D. of Edinburgh or Aberdeen for London Medical Students would appear to be still far removed from the region of practical politics.

The Royal Commission of 1888, which agreed to both principles above named, was also equally divided as to whether it would be possible to so re-organize the present London University as to make it comprise and carry out these new departures in addition to its previous work, which latter was admitted to be excellent. The Commission, however, appeared to be unanimous in deciding against the claim of the Royal Medical Colleges to confer the title of doctor on their licentiates. The three lawyers on the Commission were for compromise all round, and thought the reputation which the present University has built up might be utilised to sanctify the new duties they sought to impose upon it. The three teachers on the Commission doubted the feasibility of this proposal, and would have "preferred leaving it to the London University to continue to discharge its present functions," and to create a new Metropolitan "Teaching University." Time has justified the teachers in their prognosis. The able lawyers upon the Senate of the University, notwithstanding an infinity of labour, and a compromising pliancy to the bodies outside the University, have up to the present failed to produce an acceptable scheme.

The medical papers appear to agree in denouncing the schemes hitherto propounded, as failing to redress the so-called "medical grievance."

The two great Metropolitan colleges, University and King's, agree in regarding the latest revised scheme of the Senate as unsatisfactory to them, and tired of futile negotiations, are eager to appeal to the Lord President of the Privy Council in the matter. The Provincial colleges also find themselves at a relative disadvantage, since the moment the Senate of the University ceases to be composed of Crown and Convocation nominees, a jealousy is introduced between the rival outside bodies who it is proposed should, in future, contribute some three-fifths of its total of 52 members. The medical provincial colleges may well indeed be dismayed at the proposal to give them but one representative between them upon the Medical Standing Committee of the Senate, which is to be composed of 19 members.

Lastly, Convocation is justly jealous of its rights and of the impartial and high character of the degrees for which the University has become honoured and respected throughout the Empire, and active opposition to such changes as are proposed, will undoubtedly be encountered when the scheme is brought to convocation for its assent or veto.

Meanwhile many agree with the Teachers on the Commission and those best acquainted with the wishes and needs of students, and desire to get back to the *status quo ante;* to let the University of London continue the even tenour of its way, maintaining its high standard in the medical as in the other three faculties; and to let outside bodies secure an appropriate solution of their grievances in any just manner which they can agree upon.

A VISIT TO THE PASTEUR INSTITUTE.

Life in Paris has from time to time furnished the English Press with a multiplicity of articles; its frivolity has been censured, its morality questioned, and its versatility and superficiality have been discussed from many points of view. Its legal and political movements have also been very severely criticised, yet its medical aspect has received an almost universal pat on the back, and has been held up to other nations as an example to be copied in its minutest details. There is little doubt that rigid conservatism is a great drag upon the medical advancement of some of the greatest European nations, and liberality of thought and action is the secret of success in France. No notice is taken there of the querulous utterances of an æsthetic and idealistic set of busybodies, who, devoted as they are to vegetarianism and teetotalism, combine with them a distaste for tobacco and a positive hatred of vivisection, forgetting that animals were given to man to be used for his well-being, and that if human life can be saved by the destruction of myriads of the lower orders of creation, that destruction, however effected, is ordained as right and justifiable.

The Pasteur Institute is a grand example of true medical freedom: experimental work can there be carried on untrammelled by the law, and the results prove the success of such practice. Situated as it is in the Rue Dutot, close to the Boulevard St. Germains, it has all the advantages derived from fresh air and a sunny southern aspect, combined with every facility for instant communication with any part of Paris. On entering the building, the loftiness of all the laboratories and passages at once strikes one, and the simple concrete distempered walls suggest to the mind the true hygienic conditions under which everything is there carried out. Thanks to the courtesy of M. le Dr. L. H. Petit, of the Rue du Bac, our correspondent had been furnished with every facility for thoroughly exploring the Institute, and the patience with which the Medical Superintendent listened to his laboured and slowly constructed questions, and replied to them in a distinct and deliberate way so at variance with the ordinary speech of the French, and so infinitely more intelligible to a foreigner, made the visit all the more pleasant and instructive. Passing up a broad staircase, the general laboratory was first entered; here the classes on Bacteriology are held and researches carried out by qualified and unqualified students, under the guidance of several resident officers. The fittings of this room are of the most perfect character; the cultivation chambers are heated by a carefully regulated mechanism by which an electric bell is rung should the temperature rise above that which is required; the varied apparatus for sterilising is also noticeable, especially as the Institute has been accused once or twice of negligence in this respect. Passing along a passage on each side of which are the private laboratories of many of the workers in the Institute, the next objects of interest are the rooms devoted to the researches of Dr. Metschnikoff, well known for his recent investigations into the phagocytic powers of leucocytes and connective tissue cells. On one long table are the many creatures upon which he conducts his researches, a large tank containing those curious perenni-branchiate amphibians the axolotis; another in which tadpoles in various stages of development can be seen swimming about. Lizards and salamanders form a *piéce de resistance* in the centre, and some cages containing rabbits and guinea-pigs complete the picture. On another table an electric lighted microscope impresses the observer with the high powers with which the Polish savant must work, and the absolute cleanliness of all the cultivation tubes, and other apparatus both of glass and steel, is very gratifying to the senses of one who is accustomed to the casual manner in which they are so often kept.

The library of the Institute was the visitor's next resting-place; there lie the scientific periodicals of every nation: England, Germany, Italy and Russia all contribute their quota. Around the room are busts of those persons to whose liberality is due the foundation of the building, and dotted about were many students who appeared to be devouring eagerly the numerous works on Bacteriology and General Pathology from the shelves on the walls. After visiting several of the private laboratories, and watching a new method of staining for bacilli and micrococci, which will no doubt be soon published to the world in the Annals of the Institute, the garden was reached, and crossing a small piece of turf, two large doors opened into a room devoted to the care of rabbits, monkeys and guinea-pigs needed for the experiments and for the rabies inoculation fluid. There can be no doubt that the animals are well housed and looked after, and they appeared to be satisfied with their lot, and fully conscious of the honour afforded them of being made the instruments for the advancement of science instead of for the momentary gratification of the Parisian gourmand. Here too, as a servant of M. Pasteur's, was the first patient who had been inoculated and who had been bitten by a dog, which had been *proved* by indisputable authority to have been mad at the time it bit him. He is now a young man of about twenty, and his devotion to his master is said to be very real indeed.

Recrossing the garden, and again entering the institute, the barking of a dog brought rabies prominently forward as the real cause of the visit. "You can come to no harm, it has been thoroughly inoculated," said the superintendent, as a small pug flew out from the sanctum sanctorum, the private laboratory of M. Pasteur. On this—the first floor—the hurried footsteps and many voices announced that the home of inoculation for hydrophobia had been reached. Members of many nationalities were grouped together in the large rooms waiting for the call of their number to step into the smaller room adjoining, where the operation is performed. A patient was already in the room and was preparing for the injection, which is made in the skin over the abdomen.

After carefully examining his paper, which showed the number of inoculations already performed, an assistant took the hypodermic syringe and needle from the sterilising chamber in which it had been placed, and selecting one of the several labelled glasses on the table beside him, drew about ten or fifteen drops of the grey turbid looking fluid into the syringe and slowly injected it. The man seemed to take an intense interest in the process, and in rapid, gesticulatory sentences evidently pressed the doctor hard for an opinion on his case. In fact, although the thought was unworthy of the moment, it occurred to one that bearing in mind the nervous element allowed to be present in hydrophobia, could not some of the cases be cured by suggestion; the suggestion taking the form of an inoculation of distilled water—the patient being allowed to imagine it was Pasteur's fluid, and his nervous system being quieted and satisfied accordingly. M. Pasteur himself was there superintending the work, and giving a word of caution or advice to his patients. He looked very ill, and his nervous and almost delicate features portrayed the inner working of that comprehensive and sensitive brain within. He, too, feels that the time has come for a more liberal spirit to be displayed in dealing with scientific research if science is to keep up with other movements of the day, and a pang of regret passed through the mind of the English student when he remembered the inflexible judgment of his country's great ones in dealing with any scientific hypothesis which was *not quite proven*, and which might die a natural death as far as England was concerned, in consequence of such uncompromising criticism; but which, in a more genial and liberal atmosphere, might blossom forth into a great truth which would revolutionise the powers of healing some vast malady, and so add one more lustre to the crown of successes of which all Englishmen are so proud.

G. M.

CLINICAL LECTURE
BY R. C. LUCAS, Esq., B.S., F.R.C.S.

From Notes by W. A. Haslam.

We will take as the subject for this lecture Malignant Disease of the Kidney. In this Clinical Lecture I will not dwell upon the Pathological distinctions of the different Malignant growths which affect the Kidney, but I will speak of them as a class.

I. They are more common at some periods of life than at others.

Under 5 years.—Maximum for childhood, 22 out of 67 cases, or 32·8 per cent.
from 5—10 years.—A decrease.
„ 11—17 „ Absence.
„ 17—50 „ Gradual increase.
„ 50—70 „ Maximum for adult age.

The malignant tumours attacking the kidney are generally round-celled sarcomata or encephaloid carcinomata; but colloid, scirrhus and even epithelioma have been described.

In young children the growth may reach an enormous size. In a well authenticated case of a child that died at the age of six, the body was nearly all kidney, which weighed after removal 31 lbs. The average dead weight in the adult is 9½ lbs., so that it is not difficult to understand how these growths rapidly produce anæmia and exhaustion.

II. The disease is much more common in males than females, possibly because the latter have organs prone to cancers diverting the cancerous processes (bacilli or whatever they may be) from the kidney to the breast, uterus or ovary. In children under five the sexes are so little differentiated that the relation to sex does not appear, and males are not more frequently affected than females.

Out of 66 cases collected by Sir W. Roberts 47 were males and only 19 females, or 71·3 per cent. to 28·7.

A curious fact is that at puberty the disease is almost unknown.

To proceed to Cases:—

Thomas M., æt 54, a tailor, was admitted into Job Ward, on Jan. 29th, complaining that 21 weeks previously he had had severe pain in the right loin; after poulticing the pain quickly disappeared (patient remained away from work one day only), but three weeks later he noticed blood in his urine; the blood was evenly mixed, and did not appear to be more at one time than another during the period of micturition. This coloration would last for three or four days and then disappear for a like period. When this condition had lasted for a month patient noticed that each time he micturated six or seven clots were passed, which caused no pain except when passing the meatus. He then went to Reading Hospital for six weeks, where, under medicinal treatment, the urine cleared up. Patient kept fairly well until Jan. 25th, though he complained of exhaustion, even when up only for six or seven hours a day, doing nothing but sitting about. On that date blood again appeared in the urine. His family history is rather indefinite; the father and mother dying almost at the same time of scarlet fever, æt 40 and 38 respectively, and both quite healthy previously; a brother and three sisters alive and healthy; a brother and sister dead, cause not stated. No history of malignant growth in family apparent. Patient himself had been fairly healthy; had had measles, scarlet fever, and small pox; was married, and had five children.

So in this case two symptoms occur:—

i. Pain in the lumbar and hypochondriac regions.
ii. Hæmaturia. Blood evenly mixed with urine, shewing "kidney bleeding." Sometimes clots as well, shewing too excessive and rapid bleeding to allow blood to mix with the urine.

In many cases the latter symptom is absent, it was entirely so in 28 out of 59 cases, or in 47·4 per cent.

III. *The Tumour.*—On examining patient, Mr. Lucas went on to say that he found resistance on the right side of abdomen, on the left flaccidity: the resistance extended from the tenth costal cartilage almost to crest of ilium and anterior superior spine; opposite the

umbilicus it extended forwards to the linea semilunaris, passing off below obliquely to the anterior superior spine. On pressing in posteriorly between twelfth rib and the erector spinæ, on the left side free yielding, on the right side a fairly solid mass and tenderness elicited: this mass, by pressing up from behind, with one hand in the space, could be made to impinge on the other, pressing on the abdominal wall in front. (Mr. Lucas here advised all students to become well acquainted with this bi-manual method, as not only are growths easily made out, but fluctuation can be quickly obtained if fluid is present.) The right eleventh intercostal space wider than the left, also painful on pressure. By pressing anteriorly, gurgling felt between abdominal wall and tumour. Distinct resonance all over surface of abdomen, except behind and at the side; surface of tumour below last rib behind, not quite smooth, possibly an enlarged gland; elsewhere smooth; tenderness all over.

On examining the lungs he found distinct crepitation at the right base, slight crepitation also at left base behind: part probably pleuritic, and due to secondary nodules on the surface. Very fine crepitation extended all round right base up to the nipple. One or two isolated râles on the left side.

The urine was normal at first in colour, reaction and specific gravity, with no blood or sugar, but a slight trace of albumen. Later, slightly smoky in colour, with but little blood, though a great number of broken-down red blood corpuscles. The urea varied from 207·36 grains per diem to 324·64, average 270·66 grains per diem.

To go over the signs of this disease:—

On the side of tumour.	*On the opposite side.*
1. Resistance of abdominal walls.	1. Flaccidity of walls.
2. Resistance and tenderness in space between last rib and erector spinæ.	2. No resistance or pain in this space.
3. Impinging of tumour by bi-manual method.	3. No impinging.
4. Widened eleventh intercostal space.	4. Normal eleventh intercostal space.
5. Tenderness all over surface of tumour.	5. No tenderness.
6. Dulness behind and at the side.	
7. Resonance in front, and gurgling between abdominal wall and tumour.	

The last two showed that the disease had commenced behind the intestines, pushing them forward as it progressed. The last was not always present, although Dr. Bright used to say that a band of resonance was always to be obtained between the liver and growth. Mr. Lucas had seen several cases in which there was absolute dulness, continuous upwards with that of the liver. This was to be explained in two ways; either the colon was carried downwards and forwards as the tumour grew, or it was so collapsed from pressure as to yield no resonance on percussion.

IV. *Regarding the Hæmaturia.*—If Urethral, the bleeding takes place without micturition. If clots, they are cylindrical and passed at the commencement; after the urethra has been washed out by the passage of urine, some may pass clear, and again at the end, a few drops of pure blood may escape.

Vesical.—The urine as passed is at first clear, then cloudy and gradually gets quite muddy. Clots are always passed at the end of micturition; they are pancake shaped or flattened circles with thin white fibrinous margins; in cross-section they are thicker in the centre than at the circumference, showing that they have been lying in the hollows of the mucous-membrane of the bladder. Sometimes they are dome-shaped as if moulded over a small villous growth. To see the shape of clots they should always be floated out in water.

Renal.—The blood and urine are evenly mixed. Clots from the pelvis are 'cocked-hat' shaped and triangular in section. From the ureters the clots are always long, very narrow and vermiform in shape, and are sometimes attached to those from the pelvis. The ends (generally only the lower) are fibrinous tipped. Sometimes there are clots as if formed over a small renal stone.

V. *Cancer cells* in the urine are not of much value as a diagnostic sign for they so closely resemble some of the renal cells. But shreds of growth, especially if of any size, are of importance.

The diagnosis (excluding hydronephrosis and its allies, ovarians and hydatids, of which Mr. Lucas spoke at a previous lecture), lies between—

Liver growth, which is in front of intestines with a distinct outline; the surface is frequently nodular; often associated with jaundice.

Spleen growth or "Ague Cake." There is a history of residence abroad or in an ague district; the growth is in front of intestine and the margin well defined; splenic notch can be felt; the spleen is occasionally displaced and Mr. Lucas saw one lodged in Douglas' pouch.

If the tumour be on the left side the blood should be examined for an excess of white corpuscles which occurs in leucocythæmia.

Kidney growth, some part of the growth is always behind intestine: the margin very indistinct, for the obtuseness of the borders of kidney is very much increased by the disease; the surface is smooth; the resistance behind is greater than in liver or splenic growth. Jaundice is present sometimes, due to the increased growth upwards pressing on the bile ducts; always single unless the other kidney is affected secondarily. Uræmia is never present, showing that the other kidney is healthy and doing the work of both.

VI. Pain rarely, if ever, extends down to the testis, but is felt chiefly between the ribs and Poupart's ligament and extends through from the back and at times reaches the groin.

VII. *Secondary growths* affect chiefly the lung and liver—the lung being also often affected on the same side by direct extension through the diaphragm.

Peritoneum. — *Lymphatic glands.* — With regard to secondary glands, Mr. Lucas claimed to have made the diagnosis absolute, in more than one case, by feeling an enlarged gland between the posterior surface of the kidney and the surface parietes. In the case related there was evidence of secondary growth, which put operation out of the question.

VIII. *Nausea, vomiting, and anorexia* are late symptoms.

IX. *Pallor and emaciation* result from the gradual interference with nutrition.

X. *Duration.*—The prognosis is bad. In children a fatal termination takes place on an average in about 7 months. In adults the disease may run on for 2 or 2½ years.

XI. *Treatment.*—By nephrectomy, if there are no signs of secondary deposit; but the disease is extremely rapid in young subjects, and very old people connot bear so severe an operation.

To run rapidly over the next case.

W. J. W., æt. 17, admitted into Job on 20th of November, 1890, fell eight feet while nutting, seven weeks previously, hurting the left side. No bruising, and but little pain was noticed at time; but a few days subsequently there was considerable pain. Patient had noticed pain in left side under the ribs previous to the accident, chiefly at night. When asked to exactly locate position of pain with his hand, he referred the pain to the outer and lower angles of left scapula. Fifteen days after the accident hæmaturia was noticed, but this went away in nine days under treatment, to reappear in a week, and has continued ever since.

The case presented all the signs already gone over. The tumour extended up under the left lower ribs in front to 1 inch of middle line and down to the umbilicus, and backwards to the erector spinæ muscle. Splenic dulness not above 9th rib, but ½ inch in front of line drawn from left nipple to 11th rib. A small gland was felt behind the kidney. Nephrectomy was performed by abdominal section in Langenbuck's line, but patient died from exhaustion three days after operation. At the autopsy, secondary deposits were found in both lungs, liver, peritoneum and mesenteric glands; so this case shows how rapidly the disease progresses, for the operation was undertaken within two months of the accident, when attention was first called to the pain, yet the disease was already too far advanced for success.

RECENT PUBLICATIONS.

Anatomy. Part IV., Abdomen. Catechism series. Post 8vo., 1/-

Carter's Elements of Practical Medicine. 6th edition. Post 8vo., 9/-

Dukes' The Essentials of School Diet. Post 8vo., 5/-

Fothergill's Zoological Types and Classification. Post 8vo., 5/-

Hutchinson's Manual of Diseases of the Nose and Throat. Crown 8vo., 3/6

Medical Register, 1891. 5/-

Public Health. Part I., Water. Catechism series. Post 8vo., 1/-

Public Health. Part II., Air and Ventilation. Catechism series. 1/-

Philip's Pulmonary Tuberculosis. 8vo., 3/6

Ramsay's System of Inorganic Chemistry. 8vo., 15/-

Semple's Abridgement of the British Pharmacopœia, 1885, and the Appendix, 1890. 12mo., 3/6

APPOINTMENTS.

BROWN, W. S., has been appointed Medical Officer to the Parramatta Friendly Societies' Medical Institute, New South Wales.

FISHER, THEODORE, M.D. Lond., M.R.C.S., has been appointed Assistant Medical Officer to the Infirmary of the St. Saviour's Union, vice Muspratt, resigned.

ROLSTON, T. R., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Stoke and Tamar District of the Stoke Damerel District.

THORNE, J. M., M.R.C.S., L.R.C.P., has been appointed Resident Medical Officer to the Royal Hospital for Children and Women, vice Enoch Moss.

COMMUNICATIONS, BOOKS FOR REVIEW, ETC.

Received from:—*Beta; A Friend of the Nurses; C. C. Teukins; R. E. W.; Messrs. Bishop & Son; Messrs. Cassell & Co.; Messrs. Churchill & Co.; Messrs. Blackie & Son; The Hospital Gazette; The Secretary of Edinburgh University.*

Birth.

SHUTE.—On April 8th, at Granby Place, Northfleet, Kent, the wife of G. S. Shute, M.D., of a daughter (premature).

Marriage.

SHELSWELL—BEVERIDGE.—On April 8th, at St. Peter-ad-Vincula, Ratley, Warwickshire, William Arthur Shelswell, of Shenington, to Ida, third daughter of Mr. T. W. Beveridge, of the Uplands, Banbury.

Death.

BLACKMORE.—On April 7th, at St. Mary's Hospital, the result of an accident, George Henry Blackmore, M.R.C.S., L.R.C.P., of Worcester Lodge, Shepherd's Bush, second son of the late Christopher Blackmore, Esq., of Shaftesbury Road, Hammersmith, aged 40.

NOTES FROM THE DISPENSARY.

The drugs and preparations of the Addendum (1890) to the British Pharmacopœia of 1885.

Phenazonum — Phenazone — Antipyrin.—The name Antipyrin is a proprietary one, and hence could not be adopted officially. It is a crystalline substance, with a slightly bitter taste, and is very freely soluable in water (1 in 1), also in spirit. Its chemical name is Phenyl-dimethyl-pyrazolone. $C_6H_5(CH_3)_2C_3HN_2O$. It is obtainable from Phenyl-hydrazine by heating it with aceto-acetic ether. Phenyl-hydrazine is related to Phenol through the following stages. Phenol $C_6H_5 \cdot OH$. Aniline $C_6H_5 \cdot NH_2$. Diazobenzol $C_6H_5-N=N-OH$. Phenyl-hydrazine $C_6H_5 \overset{N}{\underset{H}{1}} -NH_2$.

Phenazone is used to reduce temperature in pneumonia, typhoid, and other fevers; it generally acts promptly in reducing the temperature, but exerts no specific action in controlling the course of the disease. In acute rheumatism it controls the temperature and lessens the pain, but the action is inferior to that of the salicylates. It is also given in influenza, coryza, and tonsiltis; it lowers the temperature and deadens the sensory nervous system, and hence conduces to the patient's comfort. It acts as an analgesic in relieving pain by depressing sensory conduction in the cord. In migraine and headache, more especially if of nervous origin, it is a valuable remedy. The pain from periostitis, toothache, and other inflammations, is greatly relieved by it. In dysmenorrhœa, and in the after-pains of labour, it lessens the patient's suffering. It has been used in gout, and is said to relieve the symptoms independently of its action on pain, and very excellent results have been obtained in France from its administration in diabetes.

Phenazone is not without some dangerous and disagreeable effects. Slight cases of poisoning, consisting in disturbance of the circulation and respiration, with cyanosis and impaired sensation, have often been reported. Disturbance of digestion, with epigastric pain, nausea and vomiting, is by no means uncommon. In typhoid, diphtheria, and similar cases, the depression is sometimes alarming. Phthisical, anæmic and weakly individuals cannot bear small doses. The production of skin eruptions is a common result. It sometimes acts very distinctly on the cerebrum, and may cause headache, vertigo, apathy, yawning and sleepiness, loss of memory, confusion of words and ideas, and deafness.

The dose is 3 to 20 grains. It is usually given in the form of a mixture with some flavouring matter, but it can also be administered in powder or in a compressed form. A watery solution can be given per rectum or hypodermically, but the latter mode is very painful.

Spirit Olther. Nit. and Sodii Salicylas are incompatible with Phenazone, the former producing green crystals, the latter an oily liquid.

H. COLLIER.

Obituary.

SINCE the last issue of The Gazette a gloom has been cast over the Hospital by the sudden death of three of its Students.

Ralph Gerald James, the son of Mr. C. H. James, of Courtland Terrace, Merthyr, entered Guy's as a student in 1888. He had endeared himself to many of his fellows and his teachers by his bright and happy nature and his amiable disposition. He had taken several of the minor appointments, and was already looking on to his final examination, when he was suddenly carried off by an attack of Acute Peritonitis, notwithstanding the care and attention he received from the members of the Staff, especially from Dr. Pitt, in whose house he had lived.

Thomas Guy Sheringham, not perhaps so generally known, was well liked by all who called him a friend. He entered the Hospital in 1888, and had especially distinguished himself in the field of sport, which gave him a character auguring well for all other work which he undertook.

Guy Montgomery Lewis, the son of Dr. Lewis, of Wingham, entered as a student in October last. He had already shown signs of great promise, and had worked thoroughly and well for his first College when his sudden illness prevented his presenting himself for examination. He died of Hepatic Aneurism, a hidden and incurable disease, which has and must, we fear, always baffle the skill of our Physicians.

Passim.

At the beginning of this Summer term, we cordially welcome the new members of the Guy's fraternity into her bosom. We need not remind them that one of our mottoes is "Unity is Strength," for they will already have found that out by the welcome extended to them by the very first Guy's man with whom they come into contact.

Talking of unity, we are reminded of the curious fact that the Students of the Royal Veterinary College have found it necessary to start a Union. A union, too, somwhat akin to the commercial unions which are trying to do so much and end in doing so little in the present day. Our unity is, thank goodness, the unity of good-fellowship, that fellowship being entered into just as much by teachers as by students, and while such good feeling lasts, so long will Guy's remain in the prominent position in which preceding generations have gradually placed her.

We have been requested by several of our readers to establish a column of scraps and hints on treatment taken from the practice of our Physicians and Surgeons in the wards and at out-patients. To do this, it is necessary to secure the co-operation of all the students engaged in ward work. If they will jot down any facts which they think useful, and will place them in the Editor's box in the Colonnade, they will be collected and revised, and given a column under the heading, "Our Note-book," a column which flourished in the old Guy's Gazette, and which was not the work of one pen, but of many, and which afforded great help to candidates for the final examinations. In order to show our readers the length and style of paragraphs we require we give two illustrations:—

"Lumbago is nearly always associated with Kidney disease."

"In Chronic Bronchitis never give Opium."

These paragraphs will not, of course, be taken from any text-book, but must be the opinion of any particular member of the Staff whose clinic the writer is attending. The name of the Physician or Surgeon and the writer must be given in every case, but they will on no account be published.

A long felt want at Guy's has been a Dramatic and Musical Society. During the Summer term we hope this want will be supplied. There is both dramatic and musical talent in the hospital, and there is no reason why it should not be utilised in providing enjoyment for sisters and nurses, and also for the patients. It might, in addition, give three or four charity performances a year, which would, we feel certain, be well attended, and might materially aid some of the many funds for which money is so urgently needed. We shall be glad to hear from any of our readers on this subject, and enquiries shall be made as to practice rooms, &c.

On Thursday, April 16th, a Committee, representing a large number of past and present Guy's men, presented a Testimonial to Mr. Millsom at the "Ship and Shovel." In the unavoidable absence of Dr. A. E. Price, who sent a telegram at the last moment, the Testimonial, consisting of a gold watch and chain and an illuminated scroll, was presented by Mr. H. M. Jordan.

The College Library is open, and will prove a great boon both to residents and non-residents. We have received a copy of the bye-laws, which we shall publish in our next issue and which appear to us to be extremely lenient. We feel sure that everybody will join us in a hearty vote of thanks to Dr. Shaw and to the other members of the Committee who have worked carefully and well to make it as complete and useful as possible.

We beg to call the attention of our readers to a letter we publish respecting the Artists' Volunteer Corps. Comment is needless as the fact is too obvious and the remedy plain. We recommend it to the consideration of those who neither play tennis nor cricket.

The opening match of the cricket season will take place on Tuesday next on the Kensington Park ground at two o'clock, when it is hoped that all cricketers available for the teams, more especially the first year's men, will make their appearance.

The Guy's dance, which took place in the Court Room last night, was a great success and will stimulate the committee to fresh exertions. An account of it will be given in our next issue. Criticisms on the dresses have been promised by our special lady correspondent.

FORTHCOMING EVENTS.

May 4th Final M.B. Lond. Examination begins.
5th Trial Cricket Match.
12th Cambridge 3rd M.B. Examination begins.

PASS LIST.

FIRST EXAMINATION, APRIL, 1891.

Part I.

Chemistry and Chemical Physics.

Byford, W. F.

Part II.

Materia Medica and Pharmacy.

Bettington, J. H.
Cresswell, S. C.
Greenway, C. M.
Hinds, H. A.
Layman, S. G.
Lucas, C. R.
O'Neill, P. B.
Pendred. V.

Part III.

Anatomy and Physiology.

Beadnell, C. M.
Bevon, O.
Bird, J. W.
Brereton, F. S.
Byford, W. F.
Carden, W. A.
Coleman, E.
Coleman, J. J.
Copley, S.
Cotterill, L.
Davies, W. L. B.
Ensor, C. A.
Fagge, C. H.
Fish, E.
Francis, C. J.
Green, T. H.
Hall, E. S.
Handley, W. S.
Harnett, C. J.
Hewlett-Hayes, R.
Horton, J. H.
Instone, B.
Jones, M. J.
Kearney, C. J.
Kenyon, F. J.
Lane, J. G. O. H.
Leader, H.
Lucas, C. R.
Makepeace, A. J.
Moffat, H. A.
Moore, Julius.
Packer, H. D.
Pendred, B. F.
Philipps, A. E.
Reynolds, B. G.
Richmond, B. A.
Roberts, R. L.
Robertson, Jas.
Rowland, W, J.
Rowland, F. W.
Salter, A.
Scowby, E. T.
Shorland, E. T.
Smith, H. J. M.
Spon, H. J.
Steward, F. J.
Stoner, H. B.
Thomas, D. W.
Thomas, E. R.
Thomas, T. M.
Tipper, E. N.
Tresidder, P. C.
Van Someren, E. H.
Vellacott, P. N.
Worts, L.

Passed in Anatomy only.

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SIR ASTLEY COOPER'S MASTER, HENRY CLINE.

It will be of interest to many Guy's men to learn what manner of man he was, who gave the chief direction to Sir Astley Cooper's character in his earlier years of study and practice.

Twice president of the Royal College of Surgeons, the most successful surgeon of his day until eclipsed by his pupil, Astley Cooper, who said he would have gone round the world to serve his master, the name of Henry Cline may be sought in vain in most biographical dictionaries. Three things, perhaps, explain this neglect into which his name has fallen; he wrote little, he was exceedingly reticent and reserved, and he was the intimate friend of the well-known defenders of popular liberty, Horne Tooke and Thelwall. When Tooke was in prison in 1794, and became ill owing to its unhealthiness, Cline was his chosen medical attendant, together with Dr. Pearson. After his acquittal, Cline gave a dinner annually during the remainder of his life to celebrate the anniversary. In the second part of his *Diversions of Purley*, Tooke mentions Cline as "our dear and excellent friend."

Thelwall regarded Cline with feelings almost of devotion. The great surgeon sympathised with the worried literary adventurer, and when he married and settled in Southwark in 1791, no doubt Cline helped him to secure some medical students from the Borough hospitals as residents in his house. He was even accorded by Cline a privilege rarely granted to any non-professional person, being permitted to attend his lectures and operations, and to become a member of the Physical Society of Guy's Hospital. At the latter society a memorable debate took place on a paper of Thelwall's entitled "An Essay towards a Definition of Animal Vitality." It was read on the 26th of January, 1793, and discussed for no fewer than six successive evenings, the debate ending with a special vote of thanks to the author. To Henry Cline Thelwall addressed his well known letter, really a treatise "on Imperfect Developments of the Faculties, and on the Treatment of Impediments of Speech" (1810), in acknowledgment of the many kindnesses heaped upon him by his friend.

It is to Thelwall that we owe some knowledge of Cline's mother. Frances Cline was a woman of decisive character, great intelligence, wide reading, and cheerful energy, much more conversable than her son. She was attracted to young Thelwall by his early poems, and encouraged him substantially by word and deed.

Henry Cline was born in 1750, apparently in London, and at the age of seventeen became the apprentice of Thomas Smith, surgeon to St. Thomas's Hospital. This kind of apprenticeship in those days meant more than a probability of the pupil succeeding to the surgeoncy if at all well qualified, and involved the payment of a fee of five hundred pounds down, so that Cline's parents were certainly well-to-do. The youth on being shown round the hospital, happened to hear Else, the lecturer on anatomy, giving one of his dry disquisitions, and was moved to be more communicative than usual, saying "he thought he should soon be able to do better than that." The event verified the prognostication; before he was out of his apprenticeship, the pupil was frequently called upon to supply the place of the negligent and pleasure-loving lecturer. Cline was always on the spot, always ready to fill a gap, and succeeded in pleasing the students by his perspicuity and good method of teaching.

Cline became a qualified surgeon in 1774, having among his examiners Percival Pott, of St. Bartholomew's. He attended John Hunter's lectures in the same year, and had sufficient discernment to be deeply influenced by the indefatigable dissector and surgeon who could so imperfectly express his crowding thoughts. So much did he admire him that he could not see a fault; all his doctrines were true. In his Hunterian oration, in 1824, he said "There seemed no comparison between the great mind of Hunter and all the individuals, whether ancient or modern, who had gone before him." But this was better than doing like most of his contemporaries. They abused Hunter while he lived, and praised him afterwards.

After a visit to Paris, Cline returned to London, continuing to assist Else, and in 1775 set up in practice for himself, and soon after married a Miss Webb. It is worth noting that after getting married he went to the hospital as usual and gave his lecture, as Abernethy and Astley Cooper did after him, perhaps in imitation. It was not till 1781 that he was formally appointed lecturer on anatomy and surgery, on Else's death, buying Else's collection of anatomical specimens. It was the fashion then for one lecturer to buy his predecessor's stock-in-trade as it were. In 1784 Cline became full surgeon to the hospital, and received Astley Cooper as his resident pupil. By about the age of forty Cline was in the full tide of professional success; but till 1797 he continued to live in St. Mary Axe, off Leadenhall Street, where no doctor of note would now think of settling. But men of wealth then resided at their places of business, and mercantile society was plentiful in the neighbourhood. Cline's popularity perhaps depended partly on his complaisance about fees, for Cooper says he made it a rule to take whatever fee was offered him; which rule led the younger surgeon, when he succeeded to his master's house, to accept half-a-guinea on one occasion from a patient, who observed, "I gave Mr. Cline a guinea, but as you were his apprentice, I suppose half-a-guinea will do for you."

On July 7, 1796, Cline was elected a member of the Court of Assistants of the Surgeons' Company; an election of momentous consequences to the Company, for it was the death blow of its Charter. The Act of Incorporation provided that every Court for the despatch of business should consist of the master, one at least of the two wardens, and one or two members of the Court. It happened that William Walker, one of the wardens, died in May, 1796, while the other, John Wyatt, lay blind and paralysed in Warwickshire, and though his son went at great expense to bring him to London, he was too ill to be removed. Consequently at the next meeting there was only the master, William Cooper of Guy's, with seventeen members of the Court. They proceeded to transact business and elected Mr. Cline into the Court, but afterwards reflected that their action had been illegal, and on taking counsel's opinion, they were informed that there was no doubt that their corporation had been destroyed by the illegality.

Consequently a bill to indemnify them and legalise their acts was brought into Parliament, and it was attempted at the same time to give the corporation greater power over the profession. This attempt was violently opposed, but the opposition might have been overcome had not Lord Thurlow got the Bill thrown out in the Lords, owing, it is believed, to the grudge he bore the Surgeon-General, John Gunning. Thurlow, with his usual roughness, had said in Committee "There's no more science in surgery than in butchery," to which Gunning replied with great aptness, "Then, my lord, I heartily pray that your lordship may break your leg and have only a butcher to set it, and then you'll find the difference between butchery and surgery." It was not till 1800 that the difficulty was settled by the grant of a new Charter, which established the Royal College of Surgeons in place of the old Company.

By this time Cline had removed from St. Mary Axe to Lincoln's Inn Fields, where he lived for thirty years. At St. Thomas's he was as supreme as Cooper at Guy's. Cool, sagacious, accurate, cautious, he had superior knowledge to any of his colleagues, and was always able to come to the rescue when they had any mishap, as not unfrequently happened, in their operations. Indeed, Astley Cooper was of opinion that he and Cline had won more renown at the hospitals by assisting their colleagues to get out of scrapes than by their own cases. Cline was perhaps too cautious, for he was careful never to attempt what he was not sure of accomplishing. Hence he was almost always successful; while his old pupil was, as he says, sometimes great, sometimes in difficulties from venturing too much.

Astley Cooper at first went in heart and soul for Cline's democratic principles and friends. It was through Cline's interest that Cooper secured not only safety but welcome in Paris on his wedding trip in 1792, when he spent three months in studying life in the National Assembly and death in the hospitals and dissecting rooms. The future courtier even went a step further in 1793, being an active steward at the festival of the Revolution Society of London, founded in commemoration of 1688. But in 1800, when it became a question whether he should give up his opinions or fail to get the surgeoncy of Guy's, he abandoned all these associations at one blow. Cline stuck to his principles and his friends throughout life. Whence we may argue that the latter was a man of more principle and consistency, less given to subordinate his views to his professional succees than his more brilliant junior.

Sir Astley Cooper always believed that he was as great a gainer by Cline's divergence into politics and agriculture, as by Abernethy's brusqueness and rudeness. Cline's income at one time rose to £10,000, but Cooper thought he might have done much better if he had concentrated himself upon his profession; he did not however devote himself to study to enlarge its boundaries after the age of thirty four. Herein, it may be, was his greatest defect. Seeing what a degree of success he actually obtained, it should have been easy for him to fix his name permanently in the records of the profession. He was open to new things too. He was the first to perform vaccination in London, and thereby greatly encouraged Jenner. His pupil was proud to show an instrument invented by Cline to the Edinburgh surgeons. But Cline's mind was too intently set on the political movements of his time to become absorbed in surgery only; and it is more common for success to forsake than to follow the political doctor. Abraham Colles, a Dublin surgeon, who refused a baronetcy in 1839, of whom Astley Cooper wrote that he had achieved honours for himself beyond what any government could bestow, seems to have had a more acute perception of the dangers attending the political surgeon. When Edmund Burke had recommended young

Colles to publish some "remarks on the conditions of political satire" which he had written, Colles thrust them into the fire, and replied to his uncle's suggestion about the name he was sacrificing, "A name, sir! yes as an author; and then not a Dowager in Dublin would call me in to cure a sore throat," and Colles succeeded in making his name permanent in the annals of surgery.

Perhaps Cline was too good-tempered to be spurred to his highest possibilities. "I never saw him in a passion but twice," says Cooper; "once with a cowardly patient, who had repeatedly consented to an operation, and as often refused, and whom he at last forced to submit whilst vacillating on the table; at another time with a man who struck his dog, whom he collared, and would have punished, if he had not been submissive. He was a man of great courage." It is to be regretted that the friendship of these two became clouded at the last, when the great split between Guy's and St. Thomas' took place, and the separate Medical School of Guy's was established. Astley Cooper being the main agent in this, Cline could not stand it. He was excessively jealous of the rival hospital. "We never heard of Guy's till lately," he would say; "it sprung out of St. Thomas' only."

Agriculture was the pastime of Cline's advancing years. About 1808 he bought an estate at Bound's Green, in Essex, tolerably cheap, and went in for making farming pay; but it did not, any more than with Sir Astley himself at a later period. Singularly enough, Cline's sole literary remnant is a short pamphlet on the breeding of horses and cattle.

In 1810 Cline became an examiner at the College of Surgeons, and next year resigned his post at St. Thomas', when his pupils subscribed for the fine bust by Chantrey, now in the St. Thomas' Museum. He was succeeded by his son Henry Cline, a man with many of his father's excellences, but a very slow operator, who was unfortunately cut off by phthisis in 1820, at the age of thirty-nine. In 1815 the father became Master of the College of Surgeons, a title changed to President in 1821, and held by him in 1823; his Hunterian Orations, delivered in 1816 and 1824, were never published. He died on January 2nd, 1827, after suffering much from ague, caught on a visit to his Essex estate.

The testimony of Abernethy, so opposite in character to Sir Astley, to Cline's character and intellect, is worth noting. To the Council of the College of Surgeons Abernethy, then President, in announcing his death, said:—"Mr. Cline was a most accurate observer of facts, habitually industrious, an ardent lover of knowledge. His knowledge did not consist merely in a voluminous collection of facts; he had arranged them, he had drawn inferences from them, so that his opinions on professional subjects were to us of peculiar value." He described Cline's mind as specially analytical, piercing to the core of complicated questions with surprising promptitude. Another testimony is probably from the pen of Dr. James Johnson, so long the editor of the *Medico-Chirurgical Review*;—"As a lecturer, we never met with his equal or superior. He was always mild, grave, sensible and dignified; he seldom praised and never censured; he was never eccentric nor sarcastic; to him vanity, arrogance, or self-sufficiency were strangers."

In his family relationships Cline was fortunate; mother, sister, wife, son and daughter were all charming, and all were devoted to him, and "looked up to him as to a god." Cooper remarks:—"At home his taciturnity gave way to openness and freedom in conversation. He was notably a correct relater of facts, and never would argue hypothetically. His religious opinions were in accord with his prevailing characteristics. He believed there was a cause superior to man, a prevailing law influence or deity, but was convinced nothing was known as to the future." His sole friend among clergymen was a democrat, like himself, named Draper. Politically he was heartily in favour of the French Revolution even in its eccentricities, though not in its cruelties. The most eloquent statement in his praise is Cooper's, when he says:—"His character was that of Washington; he would have devoted himself to what he considered the advantage of his country, and surrendered whatever distinction he might have attained, when he had accomplished his object." The memory of such a man does not deserve entirely to perish.

G. T. BETTANY.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR—I believe it is, comparatively speaking, unknown that Guy's Hospital is the Head Quarters of G Co. "Artists'" Rifle Volunteers, and it is only for the last two years that they have ceased to drill here, owing to alterations in the recruits' course, but next week drills will be held here again, when it is to be hoped G Co. will be chiefly formed by Guy's men.

As it is only by becoming Rifle Volunteers the necessary practice for competing for the Inter-Hospital Shooting Cup, I would advise any Student having a taste for shooting, and Volunteering generally, to join the Corps.

I shall be glad to give any further information.—I am, yours truly,

April 22nd, 1891. C. C. JENKINS.

PAVY GYMNASIUM.

BOXING COMPETITION.—The Pavy Gymnasium, though it has been established only six months, is now one of the most vigorously flourishing of our institutions at Guy's, and this was most strikingly proved on the evening of March 25th, when an Entertainment was given by some of its members. The building was crowded with spectators to the number of nearly a hundred and fifty, amongst whom we noticed Dr. Pavy, to whose generosity we are indebted for its possession, Doctors Perry, Washbourn, Shaw, Hale White, Goodall and Newton Pitt, and Messrs. Durham, Lucas, Parkin, Dunn, Golding Bird, Fripp, Brailey, Campbell, &c., &c.

The proceedings began with a Gymnastic display, comprising exercises on the horizontal bar, parallel bars, and the trapeze, climbing the rope and the ladders, &c. Messrs. Bligh, Brereton, Rice, Spon and Budge gave a capital performance, and their neatness was much admired.

This was followed by the final rounds of the boxing competitions, in which great interest centred. They resulted as follow:—

FINAL LIGHT WEIGHT COMPETITION.—A. Roberts *beat* H. G. Steele. "Baby" Steele made a plucky fight, but Roberts' longer reach enabled him to knock his man out in the second round.

FINAL MIDDLE WEIGHT COMPETITION.—D. A. W. Martin *beat* F. M. Russell. This was most evenly contested, and the referee required a fourth round of two minutes before making his award.

FINAL HEAVY WEIGHT COMPETITION.—A. Allport *beat* A. E. Tressider.

An exhibition spar by Newton and Ted White, the instructor, was next on the programme, and Mr. Allport most amusingly demonstrated the duties of a professional second."

Dr. Pavy then presented the prizes, which had kindly been given by Mr. Skinner. Addressing Messrs. Brereton (leader), Rice, Allport and Sheen, the winning squad in the Gymnastic competition, he said:—"It has been with great gratification that I have witnessed the pretty, graceful performances, and the exhibition of muscular power that you have given us to-night. You stand in this position—that you are the winners of the first competition in this Gymnasium. I congratulate you all, and am sure you will meet with every success in your examinations, and your after life."

In presenting the prizes to the winners of the Boxing competitions, he said: "I'm no boxer; I'm no judge of boxing, but the Judge says the boxing to-night has been 'above the average.' Just now Mr. Lucas offered a prize for a competition between the Senior Surgeon and *one* of your Consulting Physicians (here Mr. Durham suited the action to the word); I must give in, I'm quite sure the Surgeon would have the best of it. I much admire the prowess, pluck and power of endurance shown by you, but would rather not have any of the blows you have inflicted. They would have, I imagine, a stunning and confusing effect, and so I am unwilling to enter into a competition with your Senior Surgeon. I am much gratified with the good use you have made of the gymnasium. The proceedings to-night were inaugurated entirely by yourselves, as I thonght it desirable that you should be left alone in the matter. It has given me the greatest gratification to be present, and I shall always have the greatest possible pleasure in supporting the continuance of these entertainments."

Mr. Bligh then suitably thanked Mr. Skinner for giving the prizes, and "those great lights in the sporting world," Messrs. Cousens, Douglas and Angle, for coming to fulfil the duties of judges and referee.

The proceedings terminated with cheers for those members of the Staff who had patronised the entertainment.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

AN M.R.C.S., L.R.C.P., aged 28, wishes to meet with an Assistantship in middle class practice, with a view to partnership on easy terms, in London or South of England preferred. Fond of work, steady and reliable. Testimonials good.—Apply K., Mr. C. H. Wells, Guy's Hospital.

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WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

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M.D. Lond., F.R.C.S. Eng., residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

A SURGEON in a country practice, in a village at the mouth of the Thames, on direct line of rail, with good service to town, has a vacancy for a Resident Patient or Boarder. Good facilities for boating and fishing.—Address R. Orme, Esq., St. Clement's Villas, Leigh, Essex.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Will bear strict Investigation. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

ASSISTANTSHIPS. Several Appointments are now Vacant for Locum Tenens and Assistants.—Applications should be made to Mr. Wells, Medical Office, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,
MAY 16, 1891.

THE PROPOSED RE-ORGANISATION OF LONDON UNIVERSITY.

We published last week an article from Dr. Collins upholding the present system of the so-called London University, and we published it in order that our readers might be able to see for themselves how very little there is to be said from a medical point of view for that University as at present constituted. Before this article appears in print the result of the deliberations on the suggestions for the reconstitution of the University will be known.

An obstinate determination to upset anything which is proposed seems to be a characteristic of a large number of the members of Convocation, for although very few persons outside that body appear to be in favour of things as they are, it is, unfortunately, within the power of Convocation to prevent the adaptation of the University to the requirements of the times. Should Convocation refuse to give way, the question remains, whether, as the London University will not rise to the occasion and make itself in fact what it is in name, it is not the duty of those who have the interests of professional and scientific men at heart to take immediate steps to safeguard those interests, by establishing a real University in the place of the pseudo-University which exists only for the purpose of granting degrees to those who have the time, the special ability, and the money to aspire to them; or, whether it would not be well to memorialize Parliament to give the Royal Colleges of Surgeons and Physicians a Charter, enabling them to confer the degree of M.D. upon those candidates who throughout their three professional examinations obtain a fixed percentage of marks over and above those usually required for the diplomas of M.R.C.S., L.R.C.P., as those who would then have the power to grant the degrees would be the men who either personally give, or direct the teaching in, the great Medical Schools of the Metropolis. This would be equivalent to the formation of a Central Medical University for the United Kingdom.

There is, as far as we are aware, no other institution in the world which is constituted on such a basis as the one at Burlington House, and although in the past it may have served a good purpose, and still does so as far as some of its faculties are concerned, its operation in regard to the degrees in medicine is so absolutely unsatisfactory that it urgently demands a radical alteration of process.

There is no reason whatever why there should not be an honours degree, which would prove the great abilities of those upon whom it is conferred, but there is great need of an M.D. obtainable in London, after not more than five years' work, by every well-educated medical student, not a student deeply versed in the anatomy of the snail or crayfish, or conversant with abstruse Physical problems, but a student who has read certain recognised works on Medicine, Surgery, and Obstetrics, and has attended lectures on these subjects, and who has also supplemented that work by a practical acquaintance with disease, both in the wards and at out-patients, and has thoroughly mastered his Anatomy, Physiology, Materia Medica, and Chemistry in so far as they are necessary to his rightly interpreting and treating the cases to which he will hereafter be called.

Such a degree as this the student has a right to demand; and if the Metropolitan University will not give it him, he has a right to ask both

Queen and Parliament to grant powers to some existing medical council, or to form a corporation consisting of representatives from the teaching Medical Schools, who shall confer upon him the legal title of "Doctor" which he will have honestly earned by passing a practical examination in the subjects which he has been taught at his hospital. G. M.

OBSCURE HEAD INJURY.

The following case is of interest, as illustrating what a very serious head injury may be present with very little external evidence.

E. S., æt 22, admitted into "Accident" under Mr. Howse, on 24th April. He was brought into the surgery at about 11 p.m., with the history of having fallen from a horse about an hour before; he was pale but conscious, and had a regular and fairly good pulse (68 per min.); his pupils reacted readily to light; there was no smell of alcohol about his breath or clothes, but patient admitted to having been drinking; he had been sick since the accident. Patient had no recollection of the fall, and none of his friends had seen it, but evidence of his having had one was found in a hæmatoma over the left posterior parietal region.

He was able to both stand and walk, but as a precautionary measure he was told to sit in the surgery for a while, to see if his condition remained satisfactory, before sending him out; finally however, it was deemed advisable to take him in for the night.

In the ward patient became restless and irritable, attempting to get out of bed during the night; on percussing his head the note was found to differ on the two sides. Towards morning he became quieter, and later on lay in a semi-comatose condition, when disturbed from this being irritable and flinging his limbs about; his pupils were equal and rather contracted.

He soon became completely comatose, and it was impossible to rouse him; all his limbs were somewhat rigid, and in the afternoon this rigidity became a little better marked on the right side, accompanied on the same side by increased patellar-reflex and ankle-clonus. At the same time patient's whole condition suddenly became worse, with a slow, full pulse, laboured stertorous breathing, and cyanosis.

Mr. Howse was asked to see him, which he did at once, and immediately had the patient taken up to the theatre. No anæsthetic was necessary, but the operation of trephining over the region of the hæmatoma was proceeded with at once; patient's breathing was most unsatisfactory, and by the time the trephine had done its work, both respirations and heart had stopped; the dura mater had bulged into the trephine hole and was opened, but no clot was found, and though paracentesis of the ventricles drew off a quantity of fluid, and artificial respiration was performed for some time, it was found impossible to bring patient round.

At the autopsy it was found that there was a fracture without displacement, starting on the right side of the foramen magnum, and running across the base of the posterior fossa, up within ¼-inch of the trephine hole, to terminate at a point high up on the left side of the occipital bone. There were a few drachms of blood-clot spread over both surfaces of the dura mater; on the external surface the deposit was largest near the torcular herophili, and on the internal, in the right posterior and middle fossæ. No large vessel seemed to have been torn; there was superficial laceration of the brain substance chiefly affecting the under surface of the frontal lobe, the tip of the temporo-sphenoidal lobe, and the cerebellum on the right side; the lateral ventricles were rather wider than normal, appeared equal in size, and contained some slightly blood-stained fluid. The lungs were full of blood.

From the history, the patient's condition in the surgery seemed as likely to be due to alcohol as to injury from the fall; and certainly his general state seemed to contra-indicate any very serious head injury; of course the absence of any smell of alcohol from the breath was adverse to this view, but then the vomiting might have got rid of the alcohol, though even then his clothes would hardly have escaped. In the ward the rapid onset of irritability and restlessness, associated with gradual loss of consciousness, pointed probably to bruising of the brain-tissue; the difference in the percussion note of the two sides was probably due to the presence of the hæmatoma, though possibly it might be ascribed to the fracture which was subsequently found, and if so would be the earliest indication we had of it.

Next morning the total unconsciousness emphasised the fact that some serious brain-lesion was present, though the absence of any decided localising symptoms such as local paralysis, rigidity, or twitchings, pointed to general rather than circumscribed trouble.

Later on the slow full pulse, laboured stertorous respirations and cyanosis, indicated increased intracranial pressure, though, here again, these symptoms seemed rather to be due to a general than a local influence, since at most the greater right-sided rigidity and the increased reflexes on that side were only slightly marked.

These symptoms were possibly explained at the operation, by the large quantity of fluid drawn from the ventricles, together with the larger amount of blood flowing through the inflamed brain. The increased amount of cerebro-spinal fluid was probably the effect of passive effusion, due to pressure of blood clot upon veins of Galen.

The absence throughout of any hemiplegia or monoplegia taken with the equality of the pupils, pointed to absence of compression by middle meningeal hæmorrhage, while cortical hæmorrhage in the motor regions was excluded by the absence of local irritative symptoms. In fact it seemed evident that a general rather than a local brain-lesion was the cause of the patient's condition.

AN ANOMALOUS CASE OF PNEUMONIA.

C. T., a strong, well developed lad of 17, was sent up to Guy's by his medical attendant as a case of pneumonia. Until two days before admission he had enjoyed perfect health, but on the 12th he felt queer and out of sorts, though not sufficiently so to keep him away from work. On the 14th he went to work as usual, but was compelled to return in the middle of the day, and immediately took to his bed, with pain in the head and vomiting. He had then a slight cough, but no expectoration. There were no rigors.

On admission, March 13th.—The patient lay in bed, curled up on his side, in a drowsy and somewhat irritable state; cheeks flushed; eyes neither bright nor suffused; tongue furred; pulse 128, small and feeble; respirations 32; temperature 103·8°. There was partial dulness of the left base behind, and just below the left scapula was a small area in which bronchial breathing could be heard. All over the left base, as high as the middle of the scapula, was a distinct pleuritic rub. Rhonchi audible in both lungs; heart, liver, and spleen normal; bowels constipated; urine passed involuntarily into the bed. Patient delirious at times. In accordance with the physical signs, a diagnosis of acute pneumonia was given, though neither the appearance nor the relation of pulse to respiration (32 to 128) confirmed this opinion. At 10 p.m. the temperature rose to 104·8°, but was reduced by sponging to 100·2°, the operation being repeated whenever the temperature rose above 104°.

Several slight rigors occurred during the day, and the patient was very light-headed.

15th. Physical signs much the same. Frequent vomiting after meals and medicine. Mist. bismuthi sed. given to stop the vomiting, and quinine to keep down the temperature.

16th. Dulness at left base not so marked; tubular breathing limited to an area 3×2 in. below angle of scapula. Several rigors during morning. Specimen of urine secured for first time, and found to contain small quantity of albumen. Slight systolic bruit audible at apex. From anomalous nature of symptoms it was thought that there was probably some acute infective process, with pneumonia as a complication. Curious persistent sweetish, yet putrescent, smell of patient becoming more noticeable. Large soap enema given causing copious but normal motion, and affording some relief. 9 p.m., noise, delirium, and thirst; three hours sleep obtained from an injection of morphia.

17th. Temperature 104·6°, reduced by sponging to 102°. At 6 a.m. temperature rose again to 105·4°, and was again brought down by sponging to 101·8°; rising again at 10 a.m. to 104°, it was again lowered by sponging to 102°. Patient sinking rapidly; face pale and dusky; pulse 140, very small and feeble; respirations 48, more pneumonic in character; expectoration of rusty sputum. Whole left base absolutely dull, with tubular breathing, bubbling râles, and marked bronchophony. A few fine râles at right base, but no dulness. Systolic bruit still faintly audible. In view of possible meningitis, eyes examined, but no optic neuritis found. Death at 5.30 p.m.

Within three minutes of death the surface of the body presented a curious mottled appearance, patches of bluish-brown discoloration being scattered about the limbs, face, chest, and abdomen. At the post-mortem examination the characteristic lesions of pneumonia were found at the base of the left lung, and to a more limited extent in the right. The left ventricle was slightly dilated, and its muscle not healthy. All the other organs in the body were normal.

THE COLLEGE LIBRARY.

Since our last issue the Lending Library of General Literature in the Student's Club has without any flourish of trumpets quietly started upon its useful career which we hope will be a long and prosperous one. The Janitor in the Medical School has been appointed by the Committee to act as Librarian, and will attend in the Library daily, except on Saturday, from 5 to 6, to exchange books and enrol members. An arrangement has been made with Mudies' Library whereby 10 volumes of their books will be in constant circulation, in addition to the volumes that have been purchased or presented. The Librarian will keep a list, upon which, members should enter the names of books that they wish should be borrowed from Mudies'. The general arrangements for borrowing books are sufficiently indicated in the accompanying Bye-laws, which have been framed by the Club Committee, and will be in force until the General Annual Meeting in June, when they will be submitted for approval.

BYE-LAWS.—LIBRARY.

1. Any honorary, subscribing or life member of the Club shall have the privilege of borrowing books from the Library under the following conditions:—

(*a*) That he shall previously have paid a deposit of half-a-guinea to the Treasurer of the Club, or his representative, which shall be returnable at any time upon written application to the Treasurer, provided that the borrower has returned all books borrowed by him, and paid any fines that he may have incurred.

(*b*) That he shall previously have purchased from the librarian a borrower's ticket and signed the following agreement:—

"I hereby agree to abide by the Library Bye-laws for the time being in force, to pay any fines that may be imposed upon me by the Club and Committee for infringement of such bye-laws, and in case of any volume being lost or damaged while in my possession, to replace it or make good the damage at the discretion of the Club Committee. The price of a borrower's ticket shall be one shilling. This ticket shall be available for one year, and shall be renewable on the first of May in each year."

2. Borrowers shall not be allowed to have more than one volume at the same time, and must sign a voucher and hand it to the librarian in exchange for the book borrowed.

3. The books will be divided into two classes, A and B. All books in class A must be returned to the library within seven days excluding the day of issue, and books in class B within one calendar month, under a fine of twopence for each day that the book is kept over time. Should the day on which a book ought to be returned be a Saturday or Sunday, it shall be returned on the following Monday. The privileges of a borrower shall be suspended until all fines he may have incurred are paid.

4. Any book in class A may be borrowed for a further period of one week, and any book in class B for a further period of one month, provided it has not been ordered by another reader.

5. A borrower who has not already a library book in his possession may put down his name for any book in circulation, and such book will be reserved for him until and during the day after its return, but not longer.

6. No borrower shall hand on to another member of the Club a book which he has taken out of the library. As long as a voucher is uncancelled, the borrower signing it is alone responsible for loss of or damage done to the book, and for all fines connected with its non-return.

7. All fines are payable to the librarian from whom a receipt must be obtained.

The two most recent benefactors to the Library are Messrs. Macmillan and Dr. Stevenson who have presented the following books:—

MESSRS. MACMILLAN.

Macaulay's Herodotus.
Welldon's Politics and Rhetoric of Aristotle.
Lonsdale and Lee's Horace.
Maurice's Theological Essays.
" Moral and Metaphysical Philosophy.
" Social Morality.
Life of F. D. Maurice, by his Son.
Mark Pattison's Sermons.
" Memoirs.
Huxley's Lay Sermons.
Wallace's Malay Archipelago.
Romane's Scientific Evidences of Organic Evolution.
Abbott's Oxford Sermons.
Farrar's Eternal Hope.
Green's Short History.
Freeman's Growth of English Constitution.

DR. STEVENSON.

Galton's Hereditary Genius.
Havelock Ellis' The Criminal.
Mantegazza's Physiology of Expression.
Isaac Taylor's Origin of the Organs.
Gardiner's Village Community.
Jeffries' After London in Wild England.
Birrell's Obiter Dicta.

A visit to the Library will show that there are still several empty shelves.

EXAMINATION PAPERS.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

Midwifery and Diseases of Women.—1. Give the naked-eye characters of the Fallopian Tube, its course and relations. 2. Describe the Mechanism of Labour, with the head presenting and the occiput forward and to the right. 3. What is meant by contraction, retraction, and relaxation of the Uterus? Explain their influence on Labour in its various stages. 4. What are the causes of hæmorrhage from the Uterus occurring after the Menopause? Give their differential diagnosis. 5. Give the *symptoms*, signs, course, and termination of a case of Parametritis (Pelvic Cellulitis) occurring on the left side. 6. Describe a case of Phlegmasia dolens.

Principles and Practice of Medicine.—1. Indicate the origin, course, and area of distribution of the third and fifth Cranial Nerves. Describe the effects of their respective paralyses. 2. Describe the dangers attending the eruptive stage of Scarlet Fever. How would you treat the same respectively? Enumerate the complications which may ensue during the process of Desquamation. 3. Discuss the principles of treatment of Cardiac Dropsy. 4. By what *signs* and *symptoms* would you diagnose a dilated Stomach? What are the *causes* of this condition, and how may it be *treated*? 5. Give a summary of the various manifestations of Inherited Syphilis in infancy and childhood. 6. Describe (1) the modes; (2) the signs and symptoms; (3) the treatment; (4) the post-mortem appearances of *poisoning* by *Carbolic Acid*.

Examination on Surgical Anatomy and the Principles and Practice of Surgery.—1. Describe the Prostate Gland with its anatomical relations and the bearings of these upon the practice of Surgery. 2. Describe the course, relations and anastomoses of the deep Epigastric Artery. What are its surgical bearings? 3. Describe the different forms of Fracture of the Lower Jaw. Give the *deformities* present in each variety, with their *appropriate treatment*. 4. Describe the causes, symptoms, terminations, and treatment of inflammation of the Internal Saphena Vein. 5. What local and general symptoms would lead you to suspect the presence of a Deep Abscess in the Popliteal Space? Describe your treatment of the case. 6. Classify the various forms of Cataract. Describe the course of a case of Senile Cataract from its commencement.

UNIVERSITY OF LONDON.

M. B. PASS EXAMINATION, MAY, 1891.

Forensic Medicine.—1. Discuss the chief facts by which the identity of a living person may be established. 2. Describe a case of mercurial poisoning, particularising the more dangerous preparations of mercury and the modes by which the poison may gain access to the body? How would you treat such a case? What are the *post-mortem* appearances? 3. In a case of supposed infanticide, describe the mode you would adopt in

examining the chest. Upon what data would you rely for proof of *live* or *still* birth? 4. What are the injuries which may be inflicted in death by hanging, and what *post-mortem* appearances would enable you to say that death had been caused by hanging, and that the body had not been suspended after death? 5. Describe the symptoms of poisoning by Strychnine, stating the usual time of onset, and their duration. How would you treat such a case? How may the poison be detected in the contents of the stomach or in the urine? 6. What are the early symptoms of "General Paralysis of the Insane"? State how you would examine a man, charged with crime or misdemeanour, suspected to be suffering from this disease.

Obstetric Medicine.—1. Describe the diagnosis of pregnancy at the end of sixteen weeks, apportioning to each sign its relative value. 2. Give the characters of the oblique pelvis of Naegelé, and explain the mechanism by which it is produced. 3. Describe the diagnosis and treatment of a case of incomplete abortion at the end of the third month of pregnancy. State the reasons for your treatment. 4. A woman, at the full term of pregnancy, but not yet in labour, has a flattened, generally-contracted pelvis, with a conjugate diameter estimated at 2½ inches; describe in detail the treatment you would adopt. 5. A membranous cast of the interior of the uterus having been expelled, give the points in the clinical history and the anatomical characters of the cast by which you would seek to establish a diagnosis of the case. 6. Give the differential diagnosis and treatment of the more common forms of abscess of the vulva.

General Pathology, General Therapeutics, and Hygiene.—1. Give an account of the causes and effects of venous congestion. 2. What injurious effects are ascribed to high febrile temperatures? What are the means employed for lowering temperature? 3. In what occupations is poisoning by metals likely to occur? Name the most important of these metals, and indicate what preventive measures should be adopted in relation to each. 4. Discuss the pathology of suppuration. 5. What effects can be produced upon expectoration by therapeutic measures? Indicate the remedies you would employ for the several purposes you mention. 6. What are the principal modes in which drinking water becomes contaminated by zymotic poisons? What diseases are most liable to be thus communicated?

Surgery.—1. Describe a case of fracture of the base of the skull, giving the immediate and remote symptoms. 2. Describe the varieties of thyroid enlargement, and give the treatment of each. 3. Give the differential diagnosis of an ovarian cystic tumour, with the treatment in detail.

Medicine.—1. Describe the pathology, symptoms, and treatment of influenza. Mention its chief complications and sequelæ. 2. Discuss the pathology, symptoms, and treatment of pernicious anæmia. 3. Describe the principal forms of secondary degeneration of the central nervous system, and the symptoms which may result therefrom. 4. Enumerate the chief forms of enlargement of the liver. Discuss their differential diagnosis. 5. Describe the crystalline deposits found in the urine. Indicate the conditions which cause their deposition, and the treatment you would employ in relation to each.

Pathological Notes.

FOREIGN BODY IN THE ŒSOPHAGUS; PERFORATION OF THE LEFT COMMON CAROTID ARTERY.

From a youth, aged 24, who accidentally swallowed the dorsal scutum of a sturgeon, and immediately suffered great pain in breathing and deglutition. The dyspnœa became so severe that at the end of an hour suffocation was imminent. Emetics having failed to give relief, an instrument was passed into the œsophagus, which caused a pricking pain, but rendered the breathing easier. The following morning the patient found it impossible to swallow the saliva which collected in the mouth, and the same day an attempt to partake of some soft food excited a cough, and a flow of bright blood from the mouth. He was admitted into the hospital the next day, when he complained of pain on the left side of the thyroid cartilage. There was some swelling at this spot, and palpitation caused pain on breathing and a spasmodic cough. The dysphagia continued, and every attempt at swallowing food excited arterial bleeding from the mouth. The patient became very exhausted, and died on the twelfth day after admission, during a sudden and profuse hæmorrhage.

Autopsy.—The dorsal scutum of a sturgeon was found impacted in the left wall of the œsophagus opposite the lower border of the thyroid cartilage, and it had perforated the left common carotid artery ½-inch from the origin of superior thyroid artery. The surrounding tissues were infiltrated with blood, and the stomach and small intestines contained a large quantity of altered blood.

ROYAL COLLEGE OF PHYSICIANS, OF LONDON.

Dr. Burdon-Sanderson will deliver the Croonian Lectures, "On the progress of Discovery relating to the Origin and Nature of Infectious Diseases during the last 25 years," at the Examination Hall, The Savoy, W.C., on the following days, at 5 o'clock—June 2, 9, 16, 23.

DENTAL STUDENTS.

We have received an article on the Dental Examinations lately held; also a syllabus of the Dental Prize Examinations to be held every Summer session in connection with the Guy's Dental School. They will both appear in our next issue.

Our Note Book.

All communications for this column should be signed and placed in Editor's box on or before the Monday in the week in which the GAZETTE *is issued.*

We shall also be pleased to insert criticisms on any of the notes printed.

Mechanical displacement doesn't hurt the heart much.

Pleuritic fluid in the pleurisy of Bright's disease coagulates spontaneously. This points to the conclusion that it is of inflammatory origin.

Heart cases nearly always grow worse at the same time every night.

Ulcerative endocarditis always starts in a chronically diseased valve.

The amount of resonance over a phthisical cavity depends more on the quality of the walls than on the size of the cavity.

If the urine is dark and the specific gravity is normal, always examine the liver.

The albumen precipitated by Esbach's fluid begins to be redissolved if left for longer than 24 hours.

In using the copper reduction test for sugar in the urine remember that the following substances also reduce copper to a greater or lesser extent:—Salicylates, chloroform, uric acid, urates, hippurates.

An intermittent pulse usually means nothing.

Long continued dyspepsia in a man over middle age is very liable to be due to growth.

THE MODERN HOUSE-SURGEON.

(An American criticism.)

Erudite in physiology and advanced bacteriology, the House-Surgeon talks pathology 'till you're deafened by the din,
And of differences essential between high and low potential, and diagnosis differential of diseases o the skin.
All the signs auscultatory, cardiac, respiratory, are arranged in category his active mind within,
From pyosalpinx gonococcic he gestation that's ectopic tells by murmurs metroscopic, and he knows when it is twin.
He knows pelvic cellulitis from acute oophoritis, and from hernia, adenitis, be the patient fat or thin,
Or a pachymeningitis from a poliomyelitis, and a typhlo-enteritis at its very origin.
And he knows an epileptic from a seizure cataleptic, and a coma apoplectic from one caused by drinking gin.
Also knows tuberculosis from actinomycosis, and how cnemoscoliosis doth distort the youthful shin.
He describes the diabolic agony of renal colic; how aphasia embolic rests the weary, jaded chin;
How luxated hip reduction you achieve by circumduction after ad- and then abduction, if with flexion you begin;
And of kolpoecpetasis, dysmorphosteodiaclasis, and of teleangeiectasis many startling yarns he'll spin.
Of nephritic amaurosis, also of symblepharosis, and of intermittent ptosis, which to winking is akin;
Of his skill in pædiatrics, and in modern psychiatrics; of *vis Naturæ medicatrix*, which the palm will always win
In the strife with mind revealers, and with Christian science healers, or with long-haired faith-cure kneelers, who say cancer is but sin;
With interviewers theosophical of Indian ghosts apocryphal, who from climates hypertropical come to practice medicine;
With those with eyeballs staphylomal, who in trances hippodromal voice the accents catacombal of some sainted mandarin,
Who prescribes, for use internal, roots you dig with rites infernal at the moment mid-nocturnal with a piece of rusty tin.
He detects each spinal lesion, every visceral concretion, from that ammoniaco-magnesian to that of pure cholesterin;
Describes the splint of his invention by which he keeps up firm extension, attaching rubber bands in tension to a stationary pin.
Armed with weapons stethoscopic, sphygmographic, microscopic, like a very philosophic, scientific palladin,
Seeks he ulcers duodenal; rends he pectorals trichinal spears the abscess circumrenal with hypodermic javelin.
He's no Dædalus with wings rheumatic, who, as in the soup his son erratic learns a lesson aerostatic, flies low down with rueful grin,
But, like Icarus, he's sophomoric; his flight at first is meteoric, 'till solar beams so thermophoric melt from his wings their paraffin,
For that Surgeon, ill-supported by his knowledge well assorted, actually as sprains reported the first three fractures he brought in.

APPOINTMENTS.

GIBSON, J. H., L.R.C.P., Lond., M.R.C.S., has been appointed Medical Officer for the Aldershot District of the Farnham Union, vice Young, resigned.

HORROCKS, PETER, F.R.C.P., Examiner in Obstetrics at the Royal College of Surgeons, has been appointed Physician to the Royal Maternity Charity, Finsbury Square, for the Eastern Division of London.

LUCAS, R. CLEMENT, B.S., M.B., Lond., F.R.C.S., has been appointed Examiner in Anatomy to the University of London,

PYE-SMITH, R. J., F.R.C.S., L.R.C.P., Lond., has been re-appointed Honorary Surgeon to the Sheffield Hospital and Dispensary.

Passim.

We are glad to see the way in which "Our Note Book" has already been taken up. The Surgical side, however, does not seem to have awakened to its interests in supplying us with copy. Dressers and Ward Clerks are earnestly entreated to extract a few lines from their note books *pro bono publico*.

The summer session at the Hospital for Sick Children in Great Ormond Street has begun. The practice of the Hospital is open to all students and practitioners, and clinical clerks are appointed from among the students without additional fee. The cost of three month's attendance is two guineas, and a perpetual ticket can be bought for four guineas.

There are still some vacancies for Guy's men at the London Fever Hospitals.

We are requested by Messrs. George Lewin & Son to draw attention to the fact that they have fitted up premises in Crooked Lane especially for the sale and manufacture of Athletic Clothing, and that dressing rooms and lavatories are provided for the service of customers.

We quote a few lines from the St. Thomas's Hospital Gazette. We need not enlarge on them, for comment is needless. The italics are our own.

"As most people know, we unwittingly played a man out of his year for the (Rugby) cup ties, and so *in the strict letter of the law* disqualified ourselves for the cup. *The Committee*, however, decided that we should still be allowed to compete, and Guy's, although it was too late in the season to allow them to get a representative team, would have played us *unmurmuringly* with the best team they could get, if WE had not arranged that the cup should stand over for this year."

Good natured old Guy's! Sharp St. Thomas's! Who is the Committee referred to; is it the WE in the last line but one?

The adoption of the Draft Supplemental Charter proposed by Lord Hershell, seconded by Sir R. Quain and supported by Dr. Pye-Smith, at a meeting of the Convocation of London University, on Tuesday last, was negatived by 461 to 197.

The following is a translation of some old Greek lines found in the park. They seem to bear on the present crisis at London University.

Mighty ones, the powers that be,
Emblems of authority,
Rulers of the drug and knife,
Conquerors oft in this world's strife,
Listen to our tales of woe,
Lords of Guy's σὰς ἄγαπω.

Great Physician in whose grasp,
Threads of life and death are cast,
Who with keen cerulean eye,
Sought out liquor Pavii,
Thou wilt hear my prayer I trow,
Πάνι μῦν σὰς ἄγαπω.

Thou too wielder of the blade,
Hear me when I ask thine aid,
Give us all a big M.D.,
With a slightly lessened fee;
Students are not rich you know,
Βρίαντ μῦν σὰς ἄγαπω.

A week ago the *Echo* added a biography of Dr. Wilks to its "Portrait Gallery." It is well written, and sums up the character of our honoured Consulting Physician most admirably:—

"Dr. Wilks belongs to the order of original investigators who make medical science."

May we once more beg the secretaries of the various clubs and institutions connected with the hospital to send us copies of any notices issued, or an invitation to their committee meetings, in order that they may be efficiently represented in the columns of the Gazette.

London men will be interested to know that the Calendar has come out in two parts. The second volume contains all the papers set during the past year, and may be obtained for one shilling. This is a great boon, and many, no doubt, will take it in.

WE have received several complaints lately of the use made of our library as a cloak room. In defence of this it is urged that the hospital authorities have not supplied enough lockers to enable those who are not actually engaged in any appointment to possess one. Of course, if this is the case, the deficiency ought at once to be supplied, but we suspect the excuse is really without reality, and we should be glad to hear from anyone who has endeavoured to obtain a locker and has been refused.

Reviews.

Outlines of Practical Histology (By W. Stirling, M.D.) We have received this manual from Messrs. Griffin & Co. It is certainly the most useful book we have yet seen published on the subject. In addition to a concise description of the Histological conditions seen under the microscope in the various organs of which it treats, it describes most accurately the method of preparing and staining the specimens, and gives numberless exercises at the end of each chapter for the investigation of more minute details, which seem to have been omitted in the present treatises on this subject. The woodcuts, which are most carefully executed, number over three hundred, and the price is moderate. We commend it especially to those who look upon microscopic work as a pleasure, as well as to those who are engaged in original research, as it will prove a boon to both, in giving them all the newest methods for the use of staining reagents and a careful summary of the ordinary result of such stainings.

The Sputum, Vomit, Fæces and Urine (By Sidney Coupland, M.D., etc.), Messrs. Lewis & Son. This small book contains carefully tabulated accounts of the various substances met with in the sputum, vomit, fæces and urine. It also describes the tests for the discovery of these substances and the clinical facts to be deduced therefrom. The account of the sputum is certainly the best, and the directions for staining for the tubercle bacillus are more lucid than those usually given. The urine is somewhat meagrely described, and several tests are omitted, which, although not absolutely necessary, are nevertheless likely to be required for examination purposes. A second edition has been prepared interleaved with plain paper in order that the reader may supplement the work by his own practice in the wards.

COMMUNICATIONS, BOOKS FOR REVIEW, ETC.

Received from:—*A Library Student; C. L.; A London M.B.; Edgar Reid, Esq.; Messrs. Macmillan & Co.; The Hospital Gazette.*

RECENT PUBLICATIONS.

Brunton's Supplement to a Text Book of Pharmacology and Materia Medica. 8vo., Sewed, 1/-

Carpenter's Principles of Mental Physiology. 6th Edition. 12/-

Ford's Ophthalmic Notes. 12mo. 2/6.

London University Calendar 1891-92. 2 Parts. 8vo., Sewed, 4/-

Vol. I. Regulations. 3/-

Vol. II. Exam. Paper for Year 1890-91. 1/-

Mayne's Short Dictionary of Medical Terms. 32mo. 2/6.

Robert's (Sir William) Digestion and Diet. Crown 8vo., 5/-

Snow's Proclivity of Women to Cancerous Diseases. 8vo., 3/6-

Starr's Diseases of the Digestive Organs in Infancy and Childhood. 2nd Edition. Post 8vo., 10/-

Thorpe's Dictionary of Applied Chemistry. 3 Vols. Vol. 2., 8vo., 42/-

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

A CASE OF MIDWIFERY.

SIR,—I take pen in finger and write a book-skin and set the true words together.

The other evening I was called by an excited and out-of-breath creature—Genus Homo var. petticoats—to go at once to Mrs. K., who was "very bad, and it's a cross birth." I requested to know the authority for this assertion, and was answered by one explosion of triumphant articulate sound, "The Nurse!"

The rhythm of tympanic membrane, ossicles, peri- and endo-lymph, otoliths, auditory hairs, rods, &c., tickled my "real being," the mind, into a mighty apperception of that awful Amazon "The Nurse," and in an extremely short reaction time my hand went up as though to ward off a blow.

The messenger struck an attitude like one as who should say, "I can call spirits from the vasty deep," whilst my gesture language plainly replied, "And they do come when you do call for them."

Crushed but not convinced, I endeavoured to temporise, for was I not fagged and needing food? The woman, however, was quite unable to tell me where the house was, thus necessitating my immediate departure under her wing; so, arming myself with a pair of baby-persuaders, otherwise known as forceps, and the traditional bottle of Ergot, we set forth to interrogate, and possibly to correct and improve upon Nature!

The good woman, of course, gabbled faster than she trotted, and was soon pumped out, whereupon she told me in a few words exactly where the house was. "Sold again," said I, and strode on.

Arriving at the scene of action, I found the patient to be an anæmic woman, much pulled down with hard work: pulse 120; *v.e.*, arm presenting with hand about 2in. from vulva; conjugate somewhat contracted; head above brim and to left side of pelvis, and between head and brim, also on left side, was a foot tightly packed in, with toes pointing forwards, inwards, and downwards.

I shook hands with the little stranger, who responded by grasping my finger, using my right hand for the purpose.

External examination showed a hard mass on either side of the abdomen; no elevated construction of the internal os to be made out. The waters had broken and escaped three days previously, and labour pains had been constant all day.

Here, then, was a situation; arm, head, and foot simultaneously presenting; liq. amnii drained away, and the uterus moulding itself around a nine months fœtus during 76 consecutive hours.

The patient had had three previous pregnancies; the first was at term, over which she nearly died, being delivered of a mangled corpse. The second resulted in a miscarriage; the third in a premature birth over which she was "very bad, and nearly lost her life."

I couldn't help picturing to myself scenes of courtship, marriage, and childbed of this woman, and a verse from Gray's "Vicissitudes of Life" came to mind:—

> "Still where rosy pleasure leads
> See a kindred grief pursue;
> Behind the path that misery treads
> Approaching comfort view.
> The hues of bliss more brightly show
> Chastised by sabler tints of woe,
> And blended, form with artful strife
> The strength and harmony of life."

The first part of the verse seemed appropriate, the second doubtful.

I told the nurse that I should require help, she promptly replied in an encouraging tone that she would help me, but as in face of difficulty my blood warmed, so did the awe of that nurse thaw, and with equal promptness I told her that she was no good for the help I wanted, whereupon she collapsed.

Sending for the husband and lady-in-chief of the establishment, I rapidly explained the gravity of the "condition of things," and requested the presence of another doctor. They assented with anxious vehemence, so a messenger was despatched for Dr. Harris—an old Guyite. He was out so Dr. French was invited in. He, it is true, was not a Guy's man, but he was an F.R.C.S. (Eng.), which, perhaps, is almost as good. Both of these gentlemen quickly arrived on the scene, and from this time every point of diagnosis was made independently and mutually corroborated, and each step of operative interference was debated and agreed upon by all three before it was performed.

The question was, should podalic version be attempted. A case was cited where it was performed upon a woman whose waters had escaped two days previously. The fœtus was certainly made to turn, but it was in a space gained by rupture of the uterus. Our patient was not at all exhausted, and as the conjugate was contracted, we decided to put her under chloroform and make a gentle effort to turn.

The foot was seized above the malleoli, and the leg, but not the breech, drawn down, the arm receding at the same time. It was evident that the fœtus had merely rotated on its longitudinal axis in spite of external manipulation. On essaying to verify the altered position the enquirer found a status quo ante—the fœtus had rotated back again of its own accord; the arm was in the vagina and the head and foot close together above the brim. It was now decided to endeavour to perform cephalic version and apply forceps. If this proved impossible, to decapitate; or if the head were drawn down and the arm became prolapsed and hopeless impaction in the contracted conjugate occurred, to perforate and deliver.

Accordingly the arm was returned, and the head, by externally applied force, made to move a little towards the inlet (this movement of the head was probably one of extension upon the trunk, since the breech was not shifted from its position). The arm came down as soon as the operator's hand relinquished it, and the foot was still tightly packed beneath the head. Forceps were applied, taking care to keep the proper side of the hand and foot, locked, and their correct position verified. Traction was made in the proper axis: the head and arm advanced, whilst the foot was retarded by the brim and was no more felt.

At this interesting point, the bed broke down, due, no doubt, to the extreme gravity of the case, and had to be shored up before we could proceed.

It soon became evident that the arm had plenty of room opposite the left sacro-iliac Synchondrosis, and that the difficulty was now due entirely to the conjugate.

The head and arm advanced together to the outlet when the hand was retarded and the head born with occiput posterior; the arms were then brought down and the woman safely delivered. Artificial respiration was necessary, and was kept up for some fifteen minutes, the cord being still intact and strongly pulsating. The child soon breathed naturally and was separated.

Several efforts were next made to express the placenta, but in vain, so a hand was passed in uterum; the mass was found to be adherent and was peeled off, the uterus being carefully guarded for some time after.

I now requested the nurse to intimate to the husband that it was usual to pay the fee to doctors who were called in to help before they left the house. He sent back a request to speak to me, and then informed me that he had agreed to pay £1 1s. for this confinement, and that he meant to pay no more!

And as we rattled home we all agreed that we would willingly have paid a guinea each rather than miss the case.—Faithfully yours,

R. E. W.

DANCE IN THE COURT-ROOM.

On Friday, May 1st, "The Resident's" dance passed off with great success and éclat. As the hour drew near an ever increasing stream of cabs and carriages poured through the Hospital gates, laden with sweet things in dainty ball attire and their attendant knights in orthodox sable claw hammer. Long after half-past seven, the time fixed for the commencement of the dance, the tide continued to flow on with apparently unabated vigour, until the Stewards began anxiously to wonder where on earth they should put all the people to. Through the liberality of Mr. Lushington, a suite of three rooms in the Treasurer's house was thrown open to the guests, and these were utilized as refreshment and drawing rooms: needless to say they were fully appreciated. In the matter of cloak rooms the ladies were well looked after, and the arrangements made for their comfort in this department came as a pleasant surprise to many. The floral decorations, the gift of Mrs. Lushington, bore witness to the good taste and artistic arrangement of the donor.

The Court Room itself was crammed to overflowing, and as we piloted our partner in the mazy waltz through the perspiring but happy mass of gyrating humanity, "Beg your pardon," and "so sorry," continually fell from the lips of owners of aberrant and offending feet, while we beheld with mixed feelings of wonder and admiration the nature and equanimity displayed by the outraged owners of pet corns and such like tender commodities. The band was excellent, the floor perfect, the ices irreproachable; and, but for the overcrowding, a good fault under the circumstances, the irrepressible and inevitable habitual grumbler would have found himself on his beam ends. With no previous experience of the place, however, the committee may well be excused for having misjudged the capacity of the room, and, indeed, we would not willingly have spared many of the faces there. It was wonderful to see the energy with which everyone, seniors and juniors alike, entered into the spirit of the thing, and whirled round the crowded and heated room, as if their very lives depended on the issue of the waltz. In the intervals, when every couple sought a cool retreat, the fine old carved oak staircase lent itself admirably to the occasion. Shortly before twelve there was a great consulting of watches, a talking of last trains, and a general gathering together of parties, and soon the room was left a little more clear for those more fortunate devotees of Terpsichore who were not dependent on the late Mr. George Stephenson for their means of return.

Amongst those present were the Treasurer and Dr Steele, while a large number of the Medical and Surgical Staff brought parties, the Consulting Staff being represented by Dr. Wilks.

In spite of the large number of complimentary tickets issued, we hear on good authority that financially the experiment was a success, and that no call will be made on the guarantors. After so successful a start the Committee have every hope of, on future occasions, handing over a substantial surplus to the Samaritan Fund.

PASS LIST.

FINAL CONJOINT.

MEDICINE.

Browne, J. J.	Richardson, H.
Featherstone, G. W.	Rogers, W. G.
Greaves, E. H.	Salter, C. E.
Lumley, F. D.	Sheen, A. W.
Morgan, C. P.	Spurrell, W. D.
Rake, A. T.	Thomas, A.

SURGERY.

Cornish, E.	Pollock, C. E.
Dobinson, E. M.	Rake, A. T.
Jewell, J. W. F.	Spurrell, W. D.
Osborn, F. A.	Wilks, H. L. E.

MIDWIFERY.

Bates, J. C.	Rake, A. T.
Browne, J. J.	Rogers, W. G.
Featherstone, G. W.	Sheen, A. W.
Jago, A. T.	White, A.

Sport.

THE CRICKET CLUB.

Cricket in after-school life never gives rise to a very great deal of enthusiasm, and if we except county cricket, which of course owes its existence to the support of the public, it is curious to notice what little interest appears to be taken in the doings of a team. It seems certain that if it were not for the extraordinary keenness and love of the game displayed by the players themselves that all inter-club matches would very soon cease to exist, and public cricket would be confined to professionals and men with unlimited time and money at their disposal.

For my part I think this lack of enthusiasm is more apparent than real, and in no way due to any want of merit on the part of the game. People are very fond of drawing comparisons between cricket and football, and as a rule to the disadvantage of the former; the game is slow, there is little sport in it, no excitement, and that is why the ordinary cricket match does not attract the huge crowds that rush to see football. If the accuracy, skill, excitement and powers of endurance required for cricket could be condensed into two thirty-fives each way; if cricket were played in cold weather when people are only too glad of the opportunity of crowding together shouting and stamping to keep warm; if the other attractions of summer were not so great, then I think the cricket field would attract crowds quite as large as those that follow our winter game.

These are doubtless some of the reasons that tend to make cricket at Guy's less popular than football, our men cannot come down to follow the matches, and so it is natural that the majority of them do not take a very great interest in the doings of the team. Under these circumstances I think everyone will admit that the form shown by our men in past years reflects great credit on the Club and those who have supported and taken an interest in it.

It is impossible to get any continuous or precise record of our Hospital Cricket in the past, and our only knowledge of what was done is obtained from the accounts of any matches reported in the GAZETTE, from the reports of the Secretary recorded each year in the minute book, and from those men still remaining at Guy's who did battle for us in bygone days and who form a link between the past and present. The GAZETTE gives us an account of some of the matches played in the years 1873—1881, when the paper was suppressed to be revived again in late years; our present minute book dates back no further than 1885, so an exact record of Guy's Cricket Club seems unobtainable.

In 1873 matches were played against Surrey Club, City Wanderers, University College Hospital, Ladywell, Crystal Palace, Lewisham, Yalning, St. Bartholomew's and St. Thomas's, and we were apparently represented by a very different team on each occasion. In 1882 I am told that the Club was remodelled to a certain extent and the teams since then have been more consistent and representative. Our Captains since then have been W. S. Brown 1882—83—84, S. Wacher 1885, W. S. Scott 1886—87, F. Colclough 1888 89, E. Reid 1890—91.

A glance at our fixture card for this year shows that out of the nine years during which the Inter-Hospital Cricket Challenge Cup has been competed for Guy's have carried everything before them on six occasions, the only other winners being King's College Hospital in 1882 and 1883, and St. Thomas' in 1889. The original Cup has become our absolute property, and stands on the left hand side of the fireplace in the Smoking Room, the new cup on the right hand side is the one won by us last year (? which is the right hand side, should it be decided from the onlooker's or from the fireplace's point of view? A good subject for the Debating Society).

Last year our men took a little time to warm to their work, but when once started we went along very merrily. Perhaps our best wins were against very powerful teams of Surrey Club and Ground and Bickley Park. Excepting M.C.C., these two teams are quite the strongest in London, and in each case our victory was most decisive. At the Oval on Whit-Monday we had playing against us a good many professionals who have done duty for the county, and we did well to win by 114 runs. Our captain looked a great deal happier than the Surrey men while he was putting together his 98. Under the captaincy of the Rev. R. T. Thornton, Bickley Park are always a formidable lot, and are worth a great many more than the 65 runs which was all the score they succeeded in totalling under the attack of the brothers Bettington.

Our first Cup Tie was against St. George's, but they only succeeded in finding three men sufficiently sportsmanlike to put in an appearance on the field of play, so we had nothing to do but walk over and reserve our energies for our next tie *v.* St. Bartholomew's on the King's College ground at Wormwood Scrubbs. Here we were not troubled very much, for we ran out easy winners with 8 wickets and 68 runs to spare. In the final round we met St Mary's, who had worked their way to the front after triumphant and somewhat unexpected victories over Middlesex and St. Thomas's. We expected a good fight and we got it. The wicket at Kensington Park was terribly difficult, and low scoring was the order of the day. The final is always supposed to be a two day's match in order to allow two innings to be played, but by the end of the first day the match was over, and we had won the cup once again. St. Mary's batted first and totalled 82, we followed with 87, out of which W. G. Mitchell contributed 63, a splendid performance, without which we should have fared very badly. Going in again, our opponents were not good for more than 57, so we were left with an easier task than we expected, and won easily with the loss of two wickets. Early in this match we were very unfortunate in losing the services of J. B. Bettington; early in the season he was rendered *hors de combat* with a nasty injury to his bowling hand, and in stopping a hard return, this wound was re-opened, compelling him to retire from the game. Two of our men Reid and J. H. Bettington came through the Cup Ties with the somewhat showy averages of 92 and 66 respectively, but this is accounted for by their having two "not outs" to their credit. Our cup teams included E. Reid, J. H. and J. B. Bettington, F. Colclough, W. G. Mitchell, C. R. Lucas, H. Hewitson, E. S. Tuck, H. Cooper, S. G. Layman, C. H. Fagge, G. M. Pratt and J. J. E. Biggs.

This year we have all of the above men available except Colclough and Mitchell who are now out of their year. Colclough is one of the finest bats we have ever had, and he has done splendid work for the hospital, in 1888 and 1889 he captained the team, and in the field he is an example for any one to copy. Mitchell too, will be a great loss, he is a very pretty and rapid scorer, and I have met few men who really enjoy his bowling. In fact there are usually two men in the field who do not look exquisitely happy when W. G. is put on to bowl. One stands in front of the sticks, the other behind them. The man in front perhaps has a frightened look and all is over, he goes to seek happier climes in the pavilion, but the man behind can't get away so easily, and he often talks of giving up cricket.

Well, with regard to the freshmen it seems that we have an unusually strong lot this year, and those in authority are rubbing their hands with glee at the prospects for the season.

Shoreland, Jones and Cotteril want no introduction, as they have already made their appearance, and are well known in the football field, let us hope their cricket education has been equally well looked after. Then

there are whisperings that C. A. Trouncer will play for us during the latter part of the season, that Joyce is a good all round man and figures for Leicestershire, that Francis is well known as a good bat down Gloucestershire way, that Stamford did well as a bat at Repton, and that at last we may have found a good wicket-keeper in Makepeace. Half-a-dozen men to fill two places; last year's eligibles will have to look to their laurels.

We certainly suffer considerably at the beginning of the season from want of practice, we have no ground of our own, and many of us get our only practice before or during our matches, a great mistake of course. A few years ago we rented a piece of ground, but few took advantage of it and it was given up as a bad job. This year attempts have been made to hire a practice net on one of the good grounds accessible from the Hospital, but with no successful result, so now all that can be done is to hope that as many as possible will join some club near to them and get what regular practice they can there.

Our fixture list this year is perhaps the strongest we have ever had, and the majority of the clubs will not be beaten unless we can put all our strength against them. Figuring at the bottom of our list will be noticed "The tour," a most daring exploit and a thing unparalleled in the annals of Guy's Cricket Club. We begin at Gloucester and get more and more Welsh till we get down to Sir John Llewelyn at Penllergare. Sir John is a capital sportsman and one of the most popular men in South Wales, he has a splendid private cricket ground in his park; he treats all his visitors in the most hospitable way, and what is better the cricket is always good. Perhaps to most cricketers he will be better known as the father of W. D. Llewelyn the Oxford blue. For the list of fixtures we refer our readers to a former number when it was published in full.

BISHOP'S GRANULAR EFFERVESCENT PREPARATIONS.

We have received from A. Bishop & Sons, 48, Spelman Street, London, E., a number of samples of their effervescent preparations. Messrs. Bishop were the original makers of effervescing compounds, and the excellence of their products is well known.

The granular effervescent Vichy, Carlsbad, and Seltzer salts are most excellent preparations. It is not claimed for them that they are obtained by the evaporation of the spring water, but are manufactured in this country and guaranteed to contain the ingredients which analysis has shown to be present.

The granular effervescent saline powder contains two per cent. each of potassium chlorate and potassium bicarbonate. It is a pleasant way of administering a saline.

Enonymin has been found to be an excellent remedy in habitual constipation. Bishop's efferscent form is efficient and agreeable. Granular effervescing nux vomica makes a pleasant draught. Each drachm contains $\frac{1}{12}$ grain of ext. nucis. vom.

Birth.

KEMP.—On April 28th, at Worksop, Notts, the wife of G. Lajus Kemp, M.R.C.S., L.R.C.P., Lond., of a son.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

A SURGEON in a country practice, in a village at the mouth of the Thames, on direct line of rail, with good service to town, has a vacancy for a Resident Patient or Boarder. Good facilities for boating and fishing.—Address R. Orme, Esq., St. Clement's Villas, Leigh, Essex.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

SEVERAL APPOINTMENTS are now VACANT for LOCUM TENENS and ASSISTANTS. — Applications should be made to Mr. Wells, Medical Office, Guy's.

£200 per annum. INDOOR ASSISTANTSHIP at Rangoon. Must sign for three years. Apply, Medical Office, Guy's.

A GOOD CLASS SUBURBAN PRACTICE for Transfer. Receipts exceed £900 per annum. Good introduction given; no appointments; will bear the strictest investigation. Premium 1,500 Guineas. Full particulars, Medical Office, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition, including Pocket Dressing Case, Carpenter's Bronzed Lamp, Nettleship's Ophthalmoscope, Michel's Rhinoscope, &c. Apply, Medical Office, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MAY 30, 1891.

A SCIENTIFIC, SOCIAL AND SPORTING UNION.

In an article on Cricket published in these columns, our correspondent deplored the non-existence of a suitable ground for our cricket and football matches. That such a ground is needed there is no doubt, and that it can be acquired is, we hope, quite possible. It would be necessary, of course, to make sure that it could be efficiently maintained, and to do this it would be necessary to make some alteration in the present subscription system. Many schemes have been suggested from time to time, but have not found favour in the eyes of students or staff. An opportunity now offers to set to work in earnest, for there is a chance of acquiring some ground on very reasonable terms within a few minutes' ride of the Hospital: it is large enough to be of use, not only for single matches, but also as a sports and lawn tennis ground. It appears to us that the best means of facilitating matters would be to form a union of the various literary, scientific, social and sporting societies and clubs in connection with the Hospital, and to introduce a uniform subscription for membership to such a union. Of course all students at present at Guy's would become members without any stipulations, but the future student would find himself at once introduced to the Physical Society, the Students' Club, the Library, and all the sporting clubs by means of the one fee payable to one person appointed by the central committee of the union. This scheme is capable of many alterations and adaptations and might also be made to embrace the receipt of a copy of the Guy's Hospital Reports which all men find of such value in their later years as Students and Practitioners. Each club too could be made to keep its individuality, but all responsibility and worry would be taken from the shoulders of the Secretaries and Treasurers; the latter would cease to exist, and the former would simply have to present his estimate of the year's probable expenses which would be worked up with the rest into a budget, and presented to the central committee for their consideration. Thus all the troubles attendant on subscription collectors would be avoided, and the sporting fraternity would be drawn closer to some of their more studious and less vigorous fellows and a general good fellowship would inevitably result.

GONORRHŒA.—A CLINICAL LECTURE.

BY C. H. GOLDING-BIRD, M.B., F.R.C.S.

From Notes by J. R. EVANS and W. A. HASLAM.

There are four conditions in and about the external genital organs to be met with, which are due to venereal contagion.

I. *Hard chancre*, the point of inoculation of the syphilitic virus.

II. *Soft chancre*, the point of inoculation of a local animal poison. A similar sore is occasionally found on those employed in knackers' yards; on the hands, for example.

III. *Warts*, not necessarily though usually venereal, communicable by contagion; as is also the non-venereal disease, molluscum contagiosum.

IV. *Gonorrhœa*, an acute specific urethritis produced by impure intercourse.

Having then defined the subject for to-day's lecture, I come to its

Causation.—This is now admitted on all sides to be due to a specific micro-organism—the gonococcus.

Course.—The disease, after a short incubation period, varying from a few hours to three or four days, will, in a typical case, present three stages.

I. Premonitory.
II. Inflammatory or acute.
III. Chronic or "gleet."

The symptoms of the first are—Itching of the glands and meatus; local heat and pain; ardor urinæ of old writers or scalding on micturition; strangury sometimes.

The urine should be tested for acidity; for this or crystals may account for the ardor urinæ.

Strangury is caused by reflex contraction of the transversus perinei on attempting to micturate, giving rise to great pain and such difficulty in the commencement of the flow, that it may be some time before the patient can pass any urine.

This stage lasts generally for 1 to 3 or 7 days. Mr. Golding-Bird had seen quite recently a case in which it had lasted for as long as 21 days; on the other hand it may be absent. So, unless very careful, one might be easily misled by the history of duration; of all gonorrhœal symptoms the most variable are local heat and scalding.

The characters of the second are—Discharge,—from the urethra, of a thick greenish yellow purulent matter; lips of the meatus are everted, inflamed, puffy and œdematous, usually with a margin of circumscribed injection or redness extending for perhaps $\frac{1}{10}$ inch around them; Mr. Golding-Bird here said that if these characters were present without some other known cause (as catheterism) for the discharge, one would certainly be dealing with a specific urethritis: pain,—this is a most uncertain symptom, and like the duration of the first stage seemed to depend on the individual—on a personal or penile equation; these idiosyncrasies were noticeable in catarrhs of mucous membranes elsewhere, especially in recurrent attacks which nearly always follow the same clinical course each time, with the exception perhaps of intensification; chordee (though properly a complication might be discussed here as it was so usual in this stage),—the result of extension of inflammation through mucous membrane to the sub-mucosa and corpus spongiosum, sometimes even to the corpora cavernosa, with irregular deposit of lymph, and hence the unsymmetrical erection.

There is described a "gonorrhœa sicca" as occurring in which there is no discharge at all. Mr. Golding-Bird thought such cases must be those of acute prostatitis; he had seen a case diagnosed as dry gonorrhœa, which proved to be acute prostatitis. He doubted the existence of this form of urethritis.

The second stage lasts generally from 1 to 3 weeks. The discharge of gonorrhœa had to be diagnosed from other penile or urethral discharges. These might be classed under three heads.

I. From non-inflamed urethra—in which everted puffy œdematous lips of meatus are absent.

A With clear discharge—

a. Prostatorrhœa, commonest in those addicted to masturbation. The discharge is clear, not yellowish, stiffens linen, takes place chiefly at defæcation; the scrotum is loose and flaccid, the testes hang low.

b. Increased secretion from Littré's glands and probably from Cowper's glands also; common in masturbators.

c. Nocturnal seminal emissions; this is a physiological occurrence unless too frequent.

d. Gleet; the urethra is certainly inflamed but not very evidently so.

B. With opaque discharge.

a. From irritation of stricture.

b. From abscess opening into urethra. Mr. Golding-Bird does not believe in the existence of chancre in the urethra—the so-called "Urethral Chancre"; blocked mucous glands are taken for it.

c. From tubercular vesiculæ seminales; discharge purulent.

d. Abscess about prostate in old people; *e.g.*, from stone or perineal abscess.

II. From inflamed urethra; discharge purulent.

a. Traumatic; from too long retention of a catheter, from impaction of calculus or from irritation of a foreign body. A 5-inch bonnet pin was exhibited which had been extracted from the urethra of a lad æt. 16; it had caused acute purulent urethritis.

b. From irritation; in children with long prepuces, the result of eating "spring tart," *i.e.*, rhubarb, which abounds in oxalate of calcium, is balanitis frequently, and at times urethral discharge; both caused by irritation of the passage of crystals. As the child cries during micturition the suspicion of stone may be raised. Discharge in balanitis is subpreputial and must be distinguished from an intra-urethral discharge.

In the third stage (Gleet)—The discharge is small in amount, and may be most abundant in the morning; or it may be only just enough to glue the lips together: or just a small bead may be squeezed from urethra; it stiffens the linen without staining it as in the purulent stage; slight œdema of edges of lips of meatus. Gleet supervenes in from 3 to 6 weeks, and may last from 2 months to 2 years.

In questioning even well-educated patients on the subject of gleet, a caution was here given to remember that they often consider nothing a discharge unless appreciable in quantity and purulent in quality. The question of contagion is a query often put to the practitioner by patients with this condition. Mr. Golding-Bird unquestionably thinks gleet is contagious, though some have their doubts about it; anyhow it is always advisable to inform patients that it is. A valid reason for considering it communicable is the fact that the second stage can be reproduced by injudicious exercise (as riding and any too active exercise), or by indiscretions of diet and alcohol, apart from sexual intercourse. In fact anything producing a local hyperæmia of the sexual organs would bring on all the symptoms of acute gonorrhœa; proving that the gonococci are still present, *i.e.* without any fresh inoculation. So gleet should never be made light of.

In determining the stage of a gonorrhœa, the character of the discharge and the condition of the penis are of greater diagnostic value than the duration of symptoms as told by patients.

Treatment.—In the first stage—alkalines and sedatives, of the former Pot.Cit. which is excreted as the carbonate

is the best, of the latter Tr Hyoscy. in larger doses though than the usual. A usual formula is

℞ Pot. Cit. gr xx—xxx
Tr. Hyoscy. ʒgs—ʒi.
Tr. Camph. Co. ɱxl—ʒi
Aq. Camph. ad ʒi t.d s.

More opium than is contained in the Tr. Camph. Co. is not necessary unless there is severe chordee. Mild astringent lotions are advantageous in this stage tending to cut short the attack. Of these Liq. Plumbi Subacetat. and Liq. Alba c̄ Opio are the best; opium should be included in an injection for this stage. The following is a favourite of the lecturer's

℞ Liq. Plumb. Subacet. Dil ʒi.
Liq. Opii Sed (Battleys) ʒss—ʒi.
Mucilage ʒi.

the mucilage is useful as it causes the injection to cling to the mucous membrane.

In the second stage—alkaline treatment is also useful. For the Chordee a ¼-gr Belladonna and Morphia Suppository will be found most useful if placed in the rectum at night; in addition a draught containing Pot. Brom. may be given.

℞ Pot. Brom. gr xx.
Tr. Camph. Co. ʒi.
Aq. Camph. ad ʒj o.n.

The bowels should be kept open. Injections are most useful in this stage. The drugs used generally may be divided into two classes.

I. Germicides or antiseptics—Iodoform, Liq. Hydrarg. Perchlor. But as it is impossible to reach the bottom of Littré's glands, it is impossible to catch your hare and cook him.

II. Astringents to render the mucous membrane unsuitable for germ development.

Zinc. Sulph.; Zinc. Chlor.; Tannic Acid; Pot. Permacy.

Injections chiefly used by the lecturer were of the following formula—

℞. Zinc Sulph. gr. iv.—vii.
Ac. Carbol. ɱ iii.
Liq. Opii Sed. ʒi.
Mucilag. ʒi.
Aq. ad. ʒi. ft. inji.

with Zinc. Chlor. gr. iv.—viii. or Ac. Tannic gr. v., sometimes substituted for the Zinc. Sulph.

Injections should always be commenced weaker than ordered (half-strength), to prevent smarting; the patient should micturate or use warm water injections just before the other. If there are any signs of local inflammation, astringent lotions are harmful, and it is then best to use those of the first stage.

Hot hip baths if possible every night are useful. In long-standing cases medicated bougies were preferable to injections; those with iodoform or thallium sulphate are the most useful and should be used at night.

Oil of Sandal or Copaiba could be given at this time; but they are most useful later on. Avoidance of malt liquor, champagne, spirits, port and sherry. A little claret might be allowed if the patient's appetite failed for want of stimulant.

In the third stage—continue with same injections. But now ol. santali ɱ xx. is most useful; it should not be given for more than ten days. If it has done no good in that time, it will do no good if tried for a longer period. Some people prefer copaiba, but Mr. Golding-Bird thought it very likely to set up epididymitis. He had seen cases attributable solely to the use of that drug, a complication which he had never seen caused by sandal oil.

If there is submucous thickening, ointments on bougies do good in dilating urethra. A useful ointment is—

℞. Iodoformi gr. x.
Liq. Plumbi Subacet ʒi.
Vaselini ad. ʒi.

Sometimes Thallin (Sulphate of Thallium) is used as an astringent.

A word now about the kind of syringe to be used. The kind did not matter provided it had a long nozzle (three or four inches). Those short nozzles often failed in reaching the deeper parts of the urethra.

Gonorrhœa presents complications: in practice the commonest the surgeon meets are:—

I. Acute Prostatitis.—Besides the burning perineal discomfort, retention may be expected; fortunately this yields generally to hot baths and opium; attempts at Catheterism are intensely painful, and sharp hæmorrhage may accompany them.

A chronic form of prostatitis is likely to be left, which shows itself by a hesitancy in micturition, unconsciousness of effort in the act, not of straining as in stricture, but of repetition of efforts to completely evacuate the bladder. A clear discharge may be forced from the urethra during the passage of firm motions. Tonic (especially ferruginous) treatment is required, with hydrobromic acid, perineal blisters, and sometimes, where it can be borne, perchloride of mercury for a short time internally.

II. Cystitis fortunately is not an ordinary complication, its treatment, if it occur, must be on the usual lines.

III. Two penile complications are seen at times, one a blocking and inflammation of Littrés glands; it feels as though several, perhaps four or five, peas lay on the floor of the urethra; they are hard, and mistaken for chancre. Antiseptic ointments introduced in the largest bougee that can be borne are better than injections. The tendency is generally to resolution, with purulent urethral discharge for a time; uncommonly towards suppuration. The second complication is acute abscess of the penile structure, it may begin as above, or spread through the submucosa by direct inflammatory processes. The treatment is that of abscess elsewhere. Bubo may accompany this complication.

Inflammatory phymosis must be mentioned, though frequently soft chancres rather than gonorrhœal balanitis cause it.

IV. Acute Epididymitis ("Swelled Testicle").—This is a large subject of itself, and fully treated of in text books. It occurs probably in 10 to 15 per cent. of all cases, and is most frequent when the case is beginning to get chronic; it may appear suddenly, as suddenly as gout in the toe, and without apparent cause; but I feel sure Copaiba is often to blame for it. With the swelling of the testis the discharge for the time ceases.

When the swelling and pain are intense very quick and effectual relief is given by opening a scrotal vein, and letting off ʒi-ii of blood. This was a favourite practice with Mr. Cock. Rest; Iodide of Potassium; warm applications, and later on strapping with Ung. Hydrarg, form together, a usual and effective therapeutic regime.

V. Gonorrhœal Rheumatism is really a pyæmic state. It is fully described in text books. It should be remembered, however, that it frequently first affects fascial structures, as those in the sole of the foot, also causes lumbago and later affects the joints, but in some patients it is arthritic from the first. Occasionally suppurative destruction of the joints may follow. Though distinct from rheumatism, I have so often seen it in rheumatic subjects, that I think they are more likely to get it than others. Once affected, any subsequent gonorrhœa is likely to be again followed by its rheumatism. It is recognised by the accompanying urethritis: the slight constitutional disturbance; its tendency to affect few joints, perhaps one only, and to keep to those it first attacks; it is more common in men than women. The cases that proceed to suppuration are not common, the prognosis is therefore generally good, and though a pyæmia I am in the habit of giving with quinine, &c. recognized anti-rheumatic drugs, as salicytate of soda, and certainly with good effect, at least, as far as relief from pain is concerned. Locally the swollen or inflamed joint must be treated by general surgical methods.

VI. Gonorrhœal Ophthalmia is not a constitutional manifestation: it results from direct inoculation of the conjunction with the gonorrhœal poison; it is a most severe inflammatory condition, and unless actively and efficiently treated likely to lead to ulcerative perforation of the globe and then loss of the eye. Infants born when the mother is the subject of gonorrhœa are very likely to suffer from ophthalmia.

DENTAL PRIZES.

1. Three Prizes for Dental Students will be awarded annually, viz.:—

a. For First Year's Students.

b. For Second Year's Students.

c. For Second Year's Students in Practical Dentistry.

2. The Prize for First Year's Students will be £10, and for Second Year's Students will be £15. The Prize for Practical Dentistry will be £10.

3. The Examinations except as hereafter specified will be held at the end of the Summer Session under the following conditions:—

First Year's Prize.

Open to Students who have studied in the Dental School of Guy's Hospital for not more than one Winter and two Summer Sessions, and have not studied at any other Dental School.

Subjects:—Anatomy, Physiology, Dental Surgery, Dental Anatomy, Metallurgy, Dental Mechanics, Operative Dental Surgery (paper), Dental Microscopy, Practical Dentistry.

The Examination in the "Special Courses," viz., Dental Surgery, Dental Anatomy, Dental Mechanics, Metallurgy, Operative Dental Surgery (paper) and Dental Microscopy, to be conducted by the lecturers and demonstrators on those subjects respectively at the end of each course of lectures, and the examination papers to be those of the class examinations in such subjects. The examiners at their option to hold a written or *viva-voce* examination, of which due notice will be given, for the purpose of more thoroughly testing the comparative merits of the candidates.

The Examination to extend over two mornings from 9 a.m. till 1 p.m. The time limit to be prolonged at the option of the Examiners.

First Morning (*a*) the work done in the Extraction Rooms; (*b*) the work done in the Laboratory. Second Morning (*c*) the work done in the Conservation Room.

Second Year's Prize.

Open to Students who have studied, in the Dental School of Guy's Hospital, not more than two Winter and two Summer Sessions, and have not studied at any other Dental School.

Subjects:—Surgery, Anatomy, Physiology, Dental Surgery, Dental Anatomy, Dental Mechanics, Metallurgy, Operative Dental Surgery (paper), Dental Microscopy, Practical Dentistry.

The Examination in the Special Subjects will be conducted like that for the First Year's Prize.

The Examination in Practical Dentistry to be identical with that for the First Year's Prize.

Prize for Practical Dentistry.

The four Students who obtain the highest proportion of marks in the practical part of the Examination for the Second Year's Prize to, alone, be eligible to compete.

They will be submitted to a further examination in Practical Dentistry during one morning commencing at 9 a.m. The prize will be awarded to the candidate who obtains the highest total number of marks during the three days' practical examination.

Students who pass satisfactory examinations will receive certificates of merit.

Taken from a Report.—"Previous History: the patient was treated by Dr. S. for weakness in the back; he gave him a couch to lie on his chest which he did for three years."

LECTURE CALENDAR FOR THE SUMMER SESSION.

MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
Operative Surgery 9.0	Midwifery 9.0	Operative Surgery 9.0	Midwifery 9.0	Final College Class 9.0	Final College Class 9.0
Mental Diseases 9.30	Final College Class 9.0	Midwifery 9.0	Pathology Class 9.30	Midwifery 9.0	Pathology 9.0
Pathology Class 9.30	M.B. Class (Phys.) 10.30	Practical Chemistry 10.0	M.B. Class (Phys.) 10.30	Anatomical Demonstration, 2nd. Conj. 10.0	Physiology Class, 2nd Conj. 10.0
Anatomical Demonstration, 2nd Conj. 10.0	Chemistry 10.30	M.B. Class (Anat.) 11.0	Chemistry 10.30	Practical Chemistry 10.0	Chemistry 10.30
Practical Chemistry 10.0	Anatomical Demonstration, 1st Conj. 12.0	Anatomical Demonstration, 2nd Conj. 1.0	Biology 12.45	Practical Obstetrics 10.15	
Hygiene 11.30	Biology 12.45	Clinical Medicine 1.30	Pharmacy Class 1.30	Mental Diseases 10.30	
Anatomical Demonstration, 2nd Conj. 1.0	Pharmacy Class 1.30	Physics (Pre. Sci.) 2.0	Materia Medica 3.0	Hygiene 11.30	
Physics 1.30	Physiology Class, 2nd Conj. 2.0	Therapeutics 3.0	Operative Surgery 4.0	Anatomical Demonstration, 1st Conj. 12.0	
Pharmacy Class 1.30	Dental Mechanics 4.0	Biology Class (Pre. Sci.) 3.15		Anatomical Demonstration, 2nd Conj. 1.0	
Chemistry Class (Pre. Sci.) 2.0	Final College Class 4.30	Dental Operative Surgery 4.0		Clinical Surgery 1.30	
Materia Medica 3.0				Pharmacy Class 1.30	
Organic Chemistry 4.0				Physiology Class, 2nd Conj. 2.0	
Final College Class 4.0				Physics Class (Pre. Sci.) 2.0	
				Biology Class (Pre. Sci.) 3.15	
				Dental Microscopy 4.0	

Our Note Book.

All communications for this column should be signed and placed in Editor's box on or before the Monday in the week in which the Gazette *is issued.*

We shall also be pleased to insert criticisms on any of the notes printed.

In inflammation of the sclerotic the vessels radiate outwards from the iris, whereas in conjunctivitis they are irregularly tortuous.

Lupus vulgaris nearly always begins in early life, *lupus erythematosus* rarely until middle life, and *lupus excedens* is almost always a tertiary syphilide.

Hernia when accompanied by chronic bronchitis always tends to get very large.

In very large herniæ the abdomen becomes accustomed to the lessened quantity of contents, and resents their return upon reduction of the hernia by setting up symptoms of vomiting, &c.

To distinguish between a specimen of spinal caries (Pott's disease) and absorption due to aneurism, remember that in the former the cartilages are rapidly attacked, whereas in the latter they project unaltered between the affected bodies.

FORTHCOMING EVENTS.

June 1st. Appointment List opened.
Applications received for 2 H.P.s, 2 H.S.s, 2 Ast. H.S.s, 1 Ast. H.P. for July.

,, 2nd. Application to be made for Intermediate M.B. London Schedules.

,, 3rd. Hospital Sports at the L.A.C. grounds, Stamford Bridge.
Application to be made for Schedules for 2nd Conjoint Examination, not later than this date.

,, 6th. Cricket Matches :—Guy's (1st) *v.* Brentwood. Guy's (2nd) *v.* King's College School.

,, 9th. First Croonian Lecture, at Examination Hall. Cambridge 1st and 2nd M.B. Examinations begin.

,, 10th. Examination for Treasurer's Gold Medals. July Appointments close.
Cricket Matches :—Guy's (1st) *v.* Streatham. Guy's (2nd) *v.* R.M.A.

Treatment of Fractured Ribs.—The left side was strapped from the spine to the sternum, whilst the patient expired.

PASS LIST.

UNIVERSITY OF LONDON.

M.B. Pass Examination.

First Division.

W. G. Rogers.

Second Division.

H. V. Hickman.

First Fellowship Examination.

D. M. Beddoe.	J. B. Leathes.
A. Chaning-Price.	R. H. Luce.
W. J. Harris.	C. S. Pantin.
G. Lawrence.	D. W. Samways.

Final Fellowship.

E. J. Morley. J. Lloyd Roberts.

FINAL CONJOINT.

Midwifery.

C. Braithwaite.

Omitted from List in last issue.

EXAMINATION PAPERS.

EXAMINATION FOR DIPLOMA IN DENTAL SURGERY.

Dental Anatomy and Physiology.—1. Describe cementum. Wherein does it resemble and wherein does it differ from bone? What uses does it serve in the various positions in which it occurs? 2. Describe the various modes of attachment of teeth. 3. Give the methods by which you would prepare sections to demonstrate—(i.) The entire tooth-germ. (ii.) The dental fibrils. (iii.) Interglobular space. (iv.) The nerves of the pulp.

Dental Surgery and Pathology.—1. What constitutional disturbances in early childhood set their mark upon the teeth? Describe and, so far as you can, explain the various defects thus produced. 2. Describe briefly the microscopical characters of carious dentine. Under what conditions has dental caries been produced artificially? 3. Give the composition of several amalgams. What are the advantages and disadvantages of palladium? What considerations determine your choice of an amalgam?

Anatomy and Physiology.—1. Describe the submaxillary gland and its function. 2. Give the course and distribution of the hypoglossal nerve. *Surgery and Pathology.* 3. Give the causes, symptoms, and treatment of necrosis of the lower jaw. 4. Give the symptoms, diagnosis, and treatment of empyema of the antrum of Highmore.

Passim.

The prize distribution day is fixed for Wednesday, July 8th, when Mr. J. A. Shaw-Stewart has kindly consented to preside.

The Guy's Hospital Reports are now ready, and can be obtained from the Editors, or at the Medical School office.

The annual meeting of the Students' Club will take place next month, when it is likely that some important proposals will be brought forward.

During the erection of the new Dental buildings the conservation room has been moved into Mary Ward, whilst Mary has been relegated to the Old Students' Club in the Medical building.

We congratulate the Dental side on their success in the final L.D.S. examination, when all their candidates passed.

The Hospital sports will take place on Wednesday, June 3rd, on the L.A.C. grounds at Stamford Bridge, when the prizes will be distributed by Mrs. Symonds.

We heartily congratulate Messrs. E. T. Morley and J. Lloyd Roberts on their success at the Final Fellowship Examination. There were 42 candidates, and of these 29 passed, in spite of a slightly raised minimum of marks which has been lately adopted. Out of 16 candidates from St. Bartholomew's Hospital, no less than 13 satisfied their examiners. Bravo Barts!

Sightseers have often been wonderstruck at the framed contents of a stomach hanging in the Museum, the owner of which made his living by swallowing knives. The following inventory which was made at a post-mortem on an Arab stowaway who died at the Greenwich Seamen's Hospital last week, is so much more striking that it merits an accurate description:—

"Twenty trouser buttons, three cog wheels, apparently out of a watch, one 2-in. screw bent double, one 1-in. screw, six pieces of a lock, the biggest being 1½-in. and ½-in. broad, a circular piece of brass, several pieces of iron, wire, brass, lead, and two key tallies on a ring 1-in. in length, the weight of the articles amounting almost exactly to ½lb."

A new feature at the sports this year will be a bicycle race, which should produce some close competition as we possess a number of efficient riders who have come to the front since the foundation of the Hospital Bicycling Club.

We heartily endorse the remarks of our contemporaries on the death of Lord Romilly and one of his servants. To have driven them in a half-asphyxiated condition to St. George's Hospital, instead of calling in the local practitioner, was an act of folly and unworthy of the usual foresight displayed by the police.

Correspondence.

THE RE-ORGANISATION OF LONDON UNIVERSITY.

To the Editor of Guy's Hospital Gazette.

Sir,—I read with regret your Editorial on the proposed reorganization of London University, and feel constrained to join issue with the author on several points. I suppose I see the questions chiefly in the light of a provincial surgeon, and not from the point of view of a London medical teacher or student, and no doubt we have different refracting media.

I hope, seeing that I possess degrees of the London University, that I may not be assailed with the accusation of being selfish or anxious to hedge the degrees with such difficulties that they may be kept select, and to make the attainment of them possible only to a few, and this fact has prevented me from entering into a discussion of the question before. Two or three big factors lie at the bottom of the present discontent with London medical teaching. First there is the growing desire for the possession of the magic letters M.D. These are held by students to be so valuable that they are willing to leave the clinical plenty of London for the lean kine of other centres, where the students are often in excess of patients. I have been seven years in general practice, and I don't believe my M.D. *per se* has brought me more than two patients; the knowledge I acquired in obtaining that degree, *i.e.*, my stock in trade of course has stood me in good stead, but I do not believe in the enormous pecuniary

value of M.D. It is a matter of sentiment, and if an enquiry were made in all the large towns anent the leaders of the profession I am sure the results will bear out my statement, which I repeat—that the pecuniary value of an M.D. to a person commencing practice is enormously overrated; tact, and professional skill, and knowledge being equal. Personal appearance and address go much further. Still, on the other hand, seeing that there is undoubtably a demand—is it for the real article?—there should be a supply.

Why have the Guy's teachers or some of them changed their tune since 1878? I shall never cease to thank Mr. Lucas for coming to me and impressing on me the fact that a London degree was easily accessible to any man who would work moderately well; and now some of them write of the perils of matric and the awful passage of the Prelim. Sci. as if they were quite beyond the mental powers of ordinary mortals. The exams. have been made more elastic since my day, and the subjects of the latter can be taken in sections. What is the object? Is it merely the cry of the agitator, who with a cheap M.D. will attract a large number of students and so fill his pockets, or does he really think that a preliminary general and scientific education is unnecessary for the men who have the very highest functions to perform in society; whose work is becoming, thanks to the older London teachers, more highly scientific and less empirical and quackish every year. There is no portion of my education that I am so thankful I received as that for the prelim. scientific, and none has stood me in better stead and has been of such pecuniary value, and of more than pecuniary value in rightly understanding the basis of professional knowledge. Even the College of Physicians some years ago saw the necessity for a modicum of science, but I am sure no one would regret in after years the time spent in preparing for the prelim. sci. London. And London does not stand alone in demanding this preliminary education. Oxford, Cambridge, Edinburgh and other universities all require some knowledge of science for the M.D.

The great hardship to students is that so many come up to the hospital without any idea of the curriculum. I did myself; and then it is terrible work to have to hark back to Latin, &c., for motive, and spend the first year at Pre. Sci.; but if the Deans of Medical Schools would issue circulars to all head masters of public and private schools, and to as many others who have possible embryo M.D.'s in their charge, advising them to get the Matric and Pre. Sci. work done before entering, or even to join, a hospital class for Pre. Sci., and not to enter till this be done, then the curriculum would be no longer than that for Double Qual. It is erroneous to count in the necessary time for a degree the two public examinations. These are never intended to be done at hospital schools, and those who use such an argument are bolstering up a good cause (the establishment of teaching functions in the University of London) with rotten support. The majority of lads at 17 are quite capable of working the Pre. Sci. work, and then professional work can begin about 18, not a whit too late.

London schools, with the vast clinical material at command, should never fear competition, and would have no cause if medical education were more rightly understood throughout the country. As to expense, the M.D. Lond. costs, if there is no repeated failure, £22; not a great deal considering the charge for the Double Qual.

I am now going to point out what seemed to me to be most strikingly at fault in your leader by G. M. Forgetting how the University of London has stimulated medical education, he thinks very little can be said, from a medical point of view, of its functions, and immediately after this, *ipse dixit*—and he must be a very brave man to make such a very sweeping statement—he begins to abuse those, the members of Convocation, who disagree with him. An obstinate determination to upset anything, mark the breadth of anything. What really is the fact of the case? Only that Convocation have had certain schemes which they deemed unsatisfactory, and when it is considered that Convocation is composed of all those possessing degrees of five years standing who choose to pay £1 1/-, surely Convocation represents a large amount of mental power and thought. Then he throws out a threat of opposition (I think the whole train of argument is somewhat feminine), and he goes on to say that the London University is only for those who have time, special ability, and money. Now, was it not to give degrees to people who had no time and no money (the functions of a university cannot be judged only by one of its faculties) wherewith to procure degrees at the residential universities, and to rid them from all denominational demands, that the London University was founded? Next mark the remedy. A "one hoss shay," a single barrel university. Who ever heard of such a university? I think the Houses of Parliament would receive the petition, as it has many others, and then proceed to business.

He has a happy idea, too, of a graded exam., all who reach a certain standard to have M.D.; but what about the others, they would not like this at all, and further agitation would arise and there would be in the end one M.D.

Do the teachers of the London Medical Schools never examine at the London University, and are these men not personally giving or directing the education at the various hospitals? The teachers examine here just as much as they do at the Royal College of Surgeons and Physicians, and believe me a closer connection between teacher and examiner would be very awkward for conscientious men. Rather I would choose for my examiner the man who has the widest professional knowledge, and what about the provincial men who would come up for their degrees. Does not the London man take a somewhat selfish view of the matter, and leave his provincial cousin out in the cold. G. M. does not consider an elementary scientific knowledge of any use to the medical man. Now he is altogether wrong, for in the first place he

overdraws his picture by stating that students are to be deeply versed in comparative anatomy, and conversant with abstruse physical problems. This is not necessary, the Prelim. sci. requires an elementary knowledge only of the subjects in its syllabus, and it passes my comprehension as to how a man can be well up in medicine, surgery and obstetrics, anatomy and Physiology without a fair knowledge of elementary physic, chemistry and biology.

Now there is without doubt a feeling in the younger men of our profession that there should be some change, and I can see two lines on which this change may be brought about, but vested interests are so very strong, and so many corporations and persons want a finger in the pie, that without a very wide exercise of unselfishness no forward move can be made.

I should like to see a teaching function arise in the University of London, but I think too many bodies were sought to be incorporated to give any great hope of ultimate success attending the scheme so lately overthrown. Several sets of professors and teachers were fearful of losing their posts without the acquisition of any other of similar honour. Selfish interests played such a large part in opposition, and the fact that the medical question was left unsolved, and the agitator's "average student" was left in *statu quo*, if not in a worse position, was enough to give the scheme its *coup de grace*. I believe the true solution of the medical difficulty would be in the State, through the Gen. Med. Council conducting an examination licencing to practice medicine and surgery as she does abroad, and that this examination should carry with it the wished-for title of M.D. New men eager for University honours could obtain M.D., Lond., M.D., Oxon., and go on these extra qualifications or rather degrees, for no one would be allowed to practice without the State M.D., would carry with them the full value as standards of knowledge. W. HIND.

A NEW METHOD OF REPORTING.

DEAR SIR,—The notes of R.E.W. in your last issue open up quite a new field for the ingenuity of ward clerks. I therefore venture to enclose you a really excellent example of this "new departure," and only await your kind approval before submitting it to the notice of Mr. Parkin.—Your obedient Servant,

SURGICAL WARD CLERK.

Timothy Giles, aged 54, occupation, picker up of unconsidered trifles, diagnosis fractured fibula.

REPORT.

What an excellent dinner one can get at the College to be sure, for eighteenpence:

Well fed, bene vestitus, but some say mediocriter doctus (quotations are my strong point). I wandered to the "Rooms" a trifle on the o'er repleted side. I must admit being somewhat of a poet, and the following impromptu lines occurred to me:—

"If you feel peevish or inclined to fret
Take the room's shag and roll a cigarette."

This I take it is rather clever.

I rolled my cigarette and was peacefully smoking by the fireside when "clang" went the bell, and my chief, the dresser for the week, was summoned to the surgery. You must know that I am jackal to the dresser for the week, and to that capacity the words of the simple yet sublime sonnet seemed singularly appropriate.

"Mary had a little lamb,
His fleece as white as snow,
And everywhere that Mary went,
The lamb was sure to go."

I don't know where the second line comes in, but the other three seem to fit my case exactly.

The case we went to see was a most interesting one, a fractured fibula. I had to mix the plaster (dirty job, but nothing when your used to it). The patient developed glycosuria, but went out on the third day, so we lost sight of him. I have always thought we might have found sugar in the callus, but some suggest treacle, so different are men's opinions on any interesting subject.

Oh bone, gone in your lower third, could you but have spoken what might you not have said; or perchance you might have sworn—yea even as your owner swore when, recovered from the fumes of alcohol, he surveyed in the morning "his beautiful white leg" (quotation—Rider Haggard).

The method of putting on a "croft" is as follows. There is a table full of plaster and paraphernalia at one end of the ward. The patient is at the other end. *I* fetch the screens and place them around the bed. The table has but one handle. *I* take the side without the handle. The dresser takes the other. *I* bark my shins. *I* take off my coat and roll up my sleeves. *I* mix the plaster. *I* get slanged for spilling some on the floor. *I* get slanged for "leaving all those beastly knobs in the mixture." Finally *I* do all the cleaning up and with a mouth like a nutmeg grater journey to Maze Pond to find the Hostel closed.

But not so the Temple of Janus.

N B.—On the reading of the above my fellow ward clerks were unanimously of opinion that they would willingly pay anything in reason to avoid having my future effusions.

VOMITING AND THE EXPULSION OF MUCUS.

DEAR MR. EDITOR,—Is there any direct evidence that vomiting in children causes the expulsion of mucus from the air passages? The question occurred to me the other day on being shown about a dozen pellets of mucus which had been brought up by a child of 2¼ years during an act of vomiting. The child was recovering from an attack of, I believe, lobar pneumonia. I had noticed on several occasions that with many of its pregnant fits of coughing mucus was coughed up into the mouth and then swallowed. The pellets brought up during vomiting reminded me so strongly of those swallowed singly with each fit of coughing that the doubt arose whether they had not all been really vomited.—Truly yours,

May 17th. S.W.M.

Sport.

CRICKET.

GUY'S v. BECKENHAM.

Played at Beckenham, Saturday, May 2nd. Won by Beckenham, after a most exciting game, by 12 runs. Score :—

GUY'S.

E. Reid, b Noakes	25
J. H. Bettington, c Noakes, b Northcote	9
W. G. Mitchell, b Northcote	9
J. H. Joyce, c. Northcote, b Noakes	9
C. R. Lucas, c Clarke, b Northcote	11
J. B. Bettington, C. Sulliver, b Marriott	6
E. J. Lang, c Clarke, b Marriott	0
E. S. Tuck, c Harbottle, b Northcote	7
H. Hewitson, b Northcote	2
C. H. Fagge, c and b Marriott	4
S. G. Layman, c Noakes, b Marriott	4
F. M. Russell, not out	0
Sundries	4
	90

BECKENHAM.

H. Dillon, b J. B. Bettington	1
G. Clarke, c Hewitson, b J. B. Bettington	1
G. J. Sulliver, b J. H. Bettington	0
W. F. Noakes, c Hewitson, J. B. Bettington	5
P. Northcote, c Russell, b Reid	39
Rev. Marriott, b J. H. Bellington	24
J. N. Noakes, c Layman, b Reid	0
F. Christie, b Reid	0
C. H. Cobbold, c Russell, b J. B. Bettington	13
W. Wilson, b J. H. Bettington	7
G. N. Noakes, b J. B. Bettington	4
T. B. Harbottle, not out	0
Sundries	8
	102

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	70	37	3
J. B. Bettington ...	49	21	5
J. H. Joyce	15	15	0
W. G. Mitchell ...	10	9	0
E. Reid	25	12	3

GUY'S v. EALING.

Played at Ealing, Wednesday, May 6th. Score :—

EALING.

R. Tyndale, c Francis, b J. B. Bettington	32
R. M. Pearce, c Layman, b G. Mitchell	40
E. Farr, b G. Mitchell	1
H. Dangar, c Stamford, b J. H. Bettington	25
R. Atkinson, c Layman, b C. J. Francis	18
Dr. Barton-Smith, b J. H. Bettington	1
E. Lowett, c Stamford, b J. B. Bettington	6
T. Hotchkin, run out	0
J. Jackson, not out	7
J. Gooding, c Tuck, b J. H. Bettington	5
E. T. J. Holland, b J. H. Bettington	0
Sundries	19
	154

GUY'S.

J. H. Bettington, b Dangar	72
C. J. Francis, b Pearce	1
C. R. Lucas, b Farr	12
R. B. Stamford. b Dangar	19
H. Hewitson, b Dangar	3
J. B. Bettington, c Gooding, b Dangar	1
G. S. Layman, c Tyndale, b Dangar	0
E. S. Tuck, not out	7
J. Moore, c Gooding, b Peace	5
G. Mitchell, b Peace	3
H. Stebbing, absent	0
Sundries	12
	130

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	78	54	4
J. B. Bettington ...	60	20	2
C. J. Francis ...	30	29	1
C. R. Lucas ...	25	15	0
G. W. Mitchell ...	65	16	2

GUY'S v. TUNBRIDGE WELLS.

Played at the Wells, Saturday, May 9th. Score :—

TUNBRIDGE WELLS.

H. Le May, c Layman, b J. H. Bettington	0
E. A. Parke, c J. B. Bettington, b Lucas	35
Rev. R. T. Thornton, b Joyce	101
E. King, c Fagge, b Joyce	6
J. H. Kelsey, run out	19
E. B. Hadley, b Francis	34
F. B. Morgan, c J. B. Bettington, b J. H. Bettington	6
R. C. Chapman, not out	9
L. Hepworth, not out	0
Sundries	19
Innings closed	229

GUY'S.

J. H. Bettington, b Parke	22
C. J. Francis, b King	5
R. B. Stamford, c Hadley, b Thornton	30
J. H. Joyce, b Parke	9
C. R. Lucas, c Elliott, b Kelsey	26
J. B. Bettington, run out	14
H. Hewitson, b Parke	1
F. M. Russell, b Kelsey	0
S. G. Layman, not out	32
C. H. Fagge, c Thornton, b King	9
R. H. Fagge, b Parke	0
Sundries	15
	153

ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	125	81	2
J. H. Joyce	130	56	2
J. B. Bettington ...	40	41	0
C. H. Francis ...	40	27	1
C. R. Lucas ...	8	7	1

SURREY COLTS v. GUY'S.

Played at the Oval on Monday, May 11th. Resulted in a win for the Hospital by 8 runs. Layman hit brilliantly when runs were sadly wanted. The brothers Bettington bowled well. Score :—

SURREY COLTS.

FIRST INNINGS.		SECOND INNINGS.	
G. F. Cornish, b J. H. Bettington	0	b J. B. Bettington	25
Heywood, c J. B., b J. Bettington	6	c Lucas, b J. B. Bettington	1
Thompson, c Hewitson, b J. H. Bettington	9	c Layman, b J. B. Bettington	7
Milbourne, c Stamford, b J. H. Bettington	3	b Francis	3
Harris, c Lucas, b J. B. Bettington	4	c Russell, b Joyce	2
Street, b J. B. Bettington	8	b J. B. Bettington	53
H. H. Cornish, b J. B. Bettington	2	run out	1
Richardson, b J. B. Bettington	8	b Francis	0
J. H. Jupp, c Hewitson, b J. H. Bettington	2	b Joyce	10
Kelley, not out	9	b Joyce	1
Bowley, c Layman, b J. H. Joyce	2	not out	17
Extras	8	Extras	30
	68		150

GUY'S.

J. H. Bettington, c Bowley, b Jupp	5
C. J. Francis, b Richardson	10
R. B. Stamford, b Richardson	0
J. H. Joyce, b Richardson	0
C. R. Lucas, b Jupp	3
E. T. Shorland, b Harris	8
J. B. Bettington, b Harris	11
C. G. Layman, c Cornish, b Harris	20
D. B. Todd, b Thompson	1
H. Hewitson, c Bowley, b Thompson	2
J. M. Russell, not out	0
Extras	15
	76

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	80	34	5
J. B. Bettington ...	80	26	5
J. H. Joyce	1	0	1

GUY'S v. R.I.E. COLLEGE.

Played at Cooper's Hill, Saturday, May 16th. Guy's won easily by 76 runs. Score:—

R.I.E.C.

Holt, b J. H. Bettington	0
Blaber, c Stamford, b J. H. Bettington	7
Stirling, c and b J. H. Bettington	3
Carr, b J. B. Bettington	0
Todd, b J. B. Bettington	3
Streatfield, b J. H. Bettington	3
Gahagan, c Stamford, b J. H. Bettington	11
Carnegie, b J. H. Bettington	0
Cox, not out	10
Napier, b J. H. Bettington	0
Millward, c and b J. H. Bettington	1
Jong, b J. B. Bettington	2
	40

GUY'S.

J. H. Bettington, b Millward	12
E. Reid, c Millward, b Napier	24
C. J. Francis, b Gahagan	8
J. H. Joyce, c Carr, b Millward	31
M. P. Jones, b Millward	4
R. B. Stamford, run out	11
C. R. Lucas, b Millward	1
E. T. Shorland, c Millward, b Napier	11
J. B. Bettington, c and b Stirling	1
H. Hewitson, not out	0
C. H. Fagge, b Napier	5
A. J. Makepeace, b Napier	0
Extras	8
	116

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	75	13	8
J. B. Bettington ...	71	27	3

GUY'S v. CRYSTAL PALACE.

Played at Crystal Palace, on Saturday, May 23rd. Guy's won easily by 138 runs. Score:—

CRYSTAL PALACE.

G. Cosens, c Layman, b J. B. Bettington	3
J. M. Campbell, b J. H. Bettington	0
Capt. Fleming, c Stamford, b J. B. Bettington	4
S. Shorter, b J. H. Bettington	14
S. Wells, c Lucas, b J. B. Bettington	1
A. W. Gardner-Woolloton, c Lucas, b J. B. Bettington	4
C. H. Dorman, c Joyce, b J. B. Bettington	0
A. Kayess, c Francis, b J. B. Bettington	0
C. Gardner, c Lucas, b J. B. Bettington	3
Rev. Greenwood, c Stamford, b J. B. Bettington	0
F. W. Janson, not out	9
	38

GUY'S.

J. H. Bettington, c Shorter, b Cosens	42
R. B. Stamford, c Shorter, b Dorman	7
C. R. Lucas, b Dorman	0
J. H. Joyce, c Campbell, b Dorman	3
C. J. Francis, c Gardner, b Campbell	47
J. B. Bettington, c Kayess, b Dorman	2
E. T. Shorland, c Wells, b Dorman	15
S. G. Layman, b Dorman	21
E. S. Tuck, c Fleming, b Cosens	17
H. Hewitson, not out	7
Extras	11
	176

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	63	20	2
J. B. Bettington ...	60	18	8

INTER HOSPITAL CHALLENGE CUP.

FIRST ROUND.

GUY'S v. BARTHOLOMEW'S.

This, the first game in the Cup Ties, was played on Monday, May 25th, at Richmond. The weather was miserable in the extreme, and the supporters of the Guy's team took advantage of it in their "fine weather" sportsman-like manner. The fielding of Guy's was not up to the mark, with Tuck as a most brilliant exception. If Guy's are to win the Cup they must certainly show smarter and cleaner work in the field. Had all the

opportunities been taken Bartholomew's would not have reached 50. Layman deserves great praise for his plucky hitting at the critical point of the game. Our next tie is against Middlesex, on Monday next, when it is to be hoped Guy's men will show a little interest and not limit their support to waiting for the news and then abusing the players should they lose. Score :—

Bartholomew's.

J. Coulby, b J. H. Bettington	2
H. Hoffmeister, run out	6
F. J. Dixon, b J. H. Bettington	11
E. H. Fryer, b J. B. Bettington	5
N. A. Wilson, b Joyce	38
J. F. Fernie, c and b J. H. Bettington	5
G. A. Calvert, absent	0
E. A. Caruthers, l.b.w. J. B. Bettington..	0
A. G. Ewbank, b Joyce	8
A. R. Skey, not out	3
W. H. Crossley, c Layman, b J. H. Bettington	3
Sundries	3
	84

Guy's.

E. Reid, c Carruthers, b Skey	10
J. H. Bettington, b Fryer	19
R. B. Stamford, c Fryer, b Skey	12
C. S. Francis, c Carruthers, b Skey	10
E. T. Shorland, b Dixon	14
S. G. Layman, c Skey, b Crossley	35
J. H. Joyce, c Hoffmeister, b Coulby	9
J. B. Bettington, c Skey, b Fernie	7
C. R. Lucas, b Crossley	0
H. Hewitson, c Dixon, b Fernie	5
E. S. Tuck, not out	3
Sundries	11
	135

Bowling Analysis.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	85	42	4
J. B. Bettington ...	65	21	2
J. H. Joyce ...	30	11	2
E. Reid	15	7	0

A practice net has been taken till the end of June, two days a week. All practising members will be expected to pay five shillings, to defray expenses.

ATHLETICS.

The sports have been arranged to take place this year on Wednesday, June 3rd, commencing at 2.30 p.m. They are to be held at the Stamford Bridge Grounds, West Brompton, and the programme, which closely resembles that of last year, is to include a half-mile invitation race in addition to the ordinary member's events. In spite of the deplorable lack of interest in athletic matters which has recently manifested itself, especially among the junior members of the Hospital, the entries show every prospect of equalling or even surpassing those of former years; whilst, if rumour is to be trusted, the quality of the sport will be distinctly above the average. These considerations, together with the fact that the Stamford Bridge Ground is superior both in its shape and size, and in its accessibility to the track at Balham, render the success of next Wednesday's meeting a certainty. The grounds may be reached by trains to Chelsea from Waterloo or Elephant and Castle, or by the District Railway to Walham Green.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

A SURGEON in a country practice, in a village at the mouth of the Thames, on direct line of rail, with good service to town, has a vacancy for a Resident Patient or Boarder. Good facilities for boating and fishing.—Address R. Orme, Esq., St. Clement's Villas, Leigh, Essex.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

£200 per annum. INDOOR ASSISTANTSHIP at Rangoon. Must sign for three years. Apply, Medical Office, Guy's.

A GOOD CLASS SUBURBAN PRACTICE for Transfer. Receipts exceed £900 per annum. Good introduction given; no appointments; will bear the strictest investigation. Premium 1,500 Guineas. Full particulars, Medical Office, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition, including Pocket Dressing Case, Carpenter's Bronzed Lamp, Nettleship's Ophthalmoscope, Michel's Rhinoscope, &c. Apply, Medical Office, Guy's.

RESIDENT PATIENTS.—A Married Medical Man living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, Haseling, Lowestoft.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JUNE 13, 1891.

CASE OF AORTIC DISEASE—WITH COMMENTARY.

(Being an Abstract of one of the Papers obtaining the Gurney Hoare Prize, 1890.)

A. S., æt. 40, sought admission for pain in the chest, with throbbing and palpitation,

Family History and Previous Diseases.—Unimportant.

Personal History.—Served in Indian Army from 1862–68; then became a Railway Signalman; then in 1882 a Brewer's Cellarman; obliged to give up work in 1888. Last two employments involved heavy straining work.

History of Present Illness.—Seven years ago, while shunting a train, lever slipped and hit him in left chest knocking him across the signal-box. Picked himself up, feeling sick and dazed, and went on with his work. Two months after began to be troubled with cardiac pain. Attended Soho Square Hospital for five years for heart trouble and chronic bronchitis. About last Christmas (1888) former got worse, compelling him to give up work, and lately paroxysmal cough developed. On dropping off to sleep would suddenly awake with choking sensation and gasp for breath; would have to sit up in bed with distressing cough, only relieved by hawking up a pellet of blood-stained mucus: would not dare lie down again for fear of another attack, but would get up and sit in an arm-chair for the rest of the night. After a time grew to shun bed entirely and would sleep in an arm-chair all night. At same time was tormented with excruciating pain in chest, chiefly on right side, but little relieved by anodynes. Two months ago had a transient attack of left hemiplegia, lasting only three or four hours and leaving no after effects.

CONDITION ON ADMISSION.—Patient is a tall, well-built man over six feet high: sits propped up in bed: some dyspnœa: slight œdema of ankles: no clubbing of fingers.

Circulating System.—Cardiac Impulse seen and felt in seventh space, 2 inches external to, and 3 inches below, the left nipple. At each systole intercostal space bulges forcibly out quite ½ inch, while impulse is diffused over large area. Marked *diastolic thrill* in this situation.

Cardiac dulness begins third left space, extends towards left 2 inches outside nipple, towards right ¾ inch beyond right border of sternum.

Arteries visibly pulsating all over body, the great arteries at root of neck especially noticeable. Between the two heads of the right sterno-mastoid, in the angle between it and the clavicle, and between it and the muscle of the opposite side, is a hard, rounded tumour, pulsating synchronously with the heart, and lifting one's stethoscope up with a great irresistible heaving motion. Over it a *systolic thrill* is very apparent. The tumour can be traced downwards by its pulsations into the subclavian artery, which on either side is plainly seen beating below the clavicle.

Bruits.—Over the aneurismal swelling a very loud *systolic* bruit together with a faint *diastolic*.

At apex, in seventh space, extremely loud churning *diastolic* bruit traceable towards nipple, up into axilla, and to angle of scapula. Also faint *systolic bruit*.

In second right space and over second right costal cartilage, a *systolic* followed by a *diastolic*, *i.e.*, a to-and-fro murmur, loud but not so loud as the bruits above the clavicle, and traceable downwards towards left nipple.

Pulse.—Seventy, fairly persistent and non-collapsible, with sudden systolic wave, but even on elevating the arm not a true "water-hammer" pulse. Slight difference between right and left pulse as felt by finger and shown by sphygmograph. Radial artery slightly atheromatous.

Respiratory System.—Slight dulness and a few râles at each base behind. Air enters both lungs equally.

Occasionally there are paroxysms of coughing, occurring sometimes several times in an hour, sometimes but once a day. Patient will be quietly reclining in bed propped up with pillows; suddenly the sense of discomfort in the throat, which is always present, becomes greatly aggravated; he feels as though "someone were clutching his throat"; he sits up and leans forward; a violent fit of coughing follows which shakes the bed; his hands clutch the bed clothes, his lips become livid, the veins of his neck stand out like cords. For a few moments the issue seems doubtful, then he succeeds in bringing up a little mucus streaked with blood; the cough ceases, his colour comes back, and he sinks back on his pillow exhausted.

Pain.—There is pain in right chest about level of third and fourth ribs in front, and shooting through to angle of scapula behind. As a rule of a dull character, at times it is terribly acute, when patient compares it to a knife stuck through his chest and pinning him to the pillow. It is increased by putting back the head, causes orthopnœa and at the same time prevents patient lying on his right side.

June 26th. Kept quiet in bed and ordered sptus. ætheris nitrosi ʒ s.s. Tr. scillæ ♏ xv. Mist. ammon. acet. ad ℥ t.d.s.

27th. Patient passed a sleepless night, having attacks of pain and dyspnœa whenever he began to doze off. Paraldehyde ʒ f.s. o.n.

30th. Paraldehyde of no effect. Sulphonal gr. xx. ordered at night, with a blister to the præcordium.

July 1st. Tabellæ nitroglycerini ordered.

5th. Nitroglycerine has been fairly tried and affords no relief, merely causes headache. Four leeches applied to sternum: no effect.

6th. Linseed poultice with bellad. and glycerine, has had transitory beneficial action.

8th. Liq. morph. hydroch. ♏ xv. Tr. hyoscyami ʒ f.s. Aquæ. ad ℥j. t.d.s. and tabellæ nitroglycerini iij. o.m.

12th. Medicines of July 8th have given no relief. Empl. Belladonnæ applied to chest.

16th. Severe paroxysm, frightful pain in right chest.

18th. Tr. aconiti ♏ iij. Inf. calumbæ ad ℥ t.d.s.

20th. Patient has experienced much relief from the Aconite; has slept fairly well.

23rd. Effect of aconite most marked: pain in right chest almost entirely gone; suffocative feeling and paroxysmal dyspnœa greatly alleviated, patient now being able to sleep better and without the dread of a fearful awakening. The sense of throbbing in the aneurism, wearying and unremitting, discomfort rather than actual pain, increased by putting back the head and so causing orthopnœa, is, however, entirely unrelieved by the aconite.

24th. *Patient got up for first time.*

27th. Sternum noticed unduly prominent. In first right interchondral space is a swelling, hard and non-pulsatile, dull on percussion. Pressure or percussion over this spot leaves a dull pain running down towards right nipple, and persisting for several hours afterwards. This feeling is experienced in minor degree along whole right side of sternum, decreasing as one proceeds downwards. This area is about 1½ inch wide and slightly dull on percussion. Entrance of air into right chest as good as that into left.

Aug. 7th. Patient discharged and cautioned to live quietly. Condition of heart, bruits, thrills, &c., exactly as on admission, but attacks of pain and paroxysmal dyspnœa no longer occur, and patient quite comfortable except that mouth somewhat parched by aconite.

OMEGA.

To economize space the report has been cut down as much as possible, and for the same reason the commentary on the case is not published here, but will appear in our next issue.

APPOINTMENT.

Lane, Hugh, L.R.C.P. (Edin.), M.R.C.P., has been appointed Honorary Surgeon to the Bath Royal Mineral Water Hospital, *vice* Carter resigned.

TWO COMPLICATED CASES OF OVARIOTOMY.

A CLINICAL LECTURE.

By R. Clement Lucas, B.S., F.R.C.S.

Reported by W. A. Hasjam, Dresser, Monday, March 16.

Ovarian tumours are most frequent at the time when the ovary is most active, from 20 to 40 years of age. When occurring later near the menopause, the catamenia will often be found to continue beyond the usual period at which they should cease, shewing the influence of ovarian irritation on the uterus. A few years ago Mr. Lucas removed a solid ovarian tumour from a child æt. 7. This girl had developed breasts, long hairs on the pubes, and she menstruated at intervals; after ovariotomy these signs of puberty receded. Thus sexual maturity may be precipitated and sexual decline delayed by the presence of an ovarian tumour.

These tumours generally originate in the Graafian follicles; one enlarging by undue secretion pushes the ovary structure before it; other follicles in the substance so pushed forward also enlarge by the same process, so these tumours may become and most frequently are polycystic in form. The number of cysts may vary from two or three to a very great many. Sometimes they have origin by fresh effusion taking place in a corpus luteum, carrying the ovary structure before it. Tumours of such origin are generally monocystic. Another way in which they are believed to originate is from embryonic tubular structures, which according to Pflüger's and Wilson Fox's observations precede the formation of Graafian vesicles. Regarded in this way ovarian cysts would be perverted embryonic glandular tissue. Others have suggested their origin from the stroma or degenerate blood-vessels.

For diagnosis, the tumour has to be considered in two stages—

1. Early, while in the pelvis.
2. Late, when it has pushed its way up into the abdomen.

The symptoms of the first are—

1. Some irregularity of the catamenia, either a tendency to amenorrhœa or uncertainty in the young, or to increased flow in the middle aged.
2. Pressure symptoms on nerves and internal organs—
   (*a*) Nerves of lower extremity causing pain and numbness in leg.
   (*b*) Bladder, affecting micturition—frequent, painful or difficult.
   (*c*) Rectum, inducing constipation.
   (*d*) Uterus, causing displacement.

The enlarging ovary at first lies on the side between the uterus and rectum, and can be felt in Douglas's pouch.

During this stage it has to be diagnosed from—

Uterus of early pregnancy.
Pelvic cellulitis.
Hæmatocele.
Fibromyoma in early stage.

Early pregnant uterus.—Per vaginam the os can be felt to be softened; bi-manual examination shows the uterus to be enlarged and freely moveable; enlarging breasts, amenorrhœa and other signs of pregnancy. Pregnancy should be excluded prior to using the sound.

Pelvic Cellulitis.—Tumour ill-defined; tender; tendency to fixation of uterus; history of frequent and difficult labours, miscarriage or gonorrhœa; rise of temperature.

Hæmatocele.—Generally occurs in Douglas's pouch; outline ill-defined; uterus fixed; history of sudden onset during the menses with acute pain, shock, rise of temperature, vomiting, &c.

Fibro-myoma.—Occurs at a later period (35 to 50), when the ovaries are less active or atrophying; history of menorrhagia and dysmenorrhœa; enlargement of uterus; irregular outline of tumour; tumour moves with uterus.

Ovarian.—Tumour elastic, definite outline; displacement of uterus; fluctuation between hand in front on abdominal wall and finger in vagina.

The symptoms and signs of the late stage are—

1. Disappearance of pressure symptoms.
2. History of rapid growth from one side previous to becoming central.
3. Central prominent tumour in front of intestines.
4. Fluctuation and thrill.
5. Abdomen dull on percussion except above and at sides.
6. Shooting pains in abdomen (these Mr. Lucas said with an abdominal tumour were very characteristic of ovarian).
7. Pressure symptoms on stomach, intestines, and bladder, causing nausea, vomiting and frequent micturition (very late).
8. Œdema of legs (very late).

The diagnosis now is between

Late Pregnancy.—Which had led distinguished men into error when marriage had taken place after 40. Mr. Lucas related a case where a distinguished ovariotomist had actually arranged the day for operation for removal of supposed ovarian, which proved to be a very late first pregnancy. Ovarian and pregnant uterus are the only tumours causing a central rounded projection of abdomen, but the alternating contractions and relaxations of uterine outline, occurring throughout the whole period of gestation; the enlarged breasts; darkened vulva, median abdominal line and umbilicus; and uterine souffle, fœtal heart sounds, with fœtal movements on palpation would lead to a correct diagnosis of pregnancy.

Fibro-myoma in late stage.—Irregular, defined tumour; very slow growth; menorrhagia and dysmenorrhœa; movement of tumour and uterus together by pressing on os uteri; lengthened and irregular cavity on sounding.

Hydronephrosis.—Dulness commencing in upper part of abdomen on one side; resonance in lower part; fluctuation between hand in front and fingers in space between last rib and erector spinæ.

Hydatid.—Dulness of liver increased; very tense cyst; pale clear fluid with hooklets drawn off by exploring needle.

Ovarian.—Resonance all round tumour, dulness all over tumour extending down to groin of one side (shewing one-sided origin); fluctuation; thrill from side to side; greatest circumference below umbilicus. In ascites it is at, and in pregnancy above, umbilicus.

Treatment.—By ovariotomy, which Mr. Lucas said in these days was a very successful operation whether undertaken in large hospitals, special, or country houses. He did not advise tapping or any middle methods but to proceed at once to radical cure.

To quote two cases—

Eliza H., æt. 53, a canvasser (out-door work), was admitted July 4th, 1890, into Lydia Ward. Her father died of "Inflammation of the Lungs," her mother of "old age"; one brother died of "Rheumatism," another of "Paralysis of Brain." Patient has been twice-married and had three children; one was still born, one is dead, and one still alive. She herself has been subject to inflammation of uterus and urinary system; five years ago the uterus became misplaced. Swelling of the abdomen was first noticed 18 months ago, increasing rapidly in the last 6 months. Aching pains complained of in the lower part of abdomen, shooting pains during the last fortnight; the latter she connects with her urinary trouble as there is great pain unless she micturates hourly.

On examination—lower part of abdomen greatly swollen, the umbilicus being raised above centre of line from ziphisternal articulation to pubic crest; resonance in loins and in front between ensiform cartilage and umbilicus, dulness over rest of abdomen; swelling firm, slightly more prominent on right side; varicose veins in the right leg; œdema of the left leg; urine, sp. gr. 1012, pale, slightly acid, albumen and sugar absent.

Vomiting occured on the 8th.

Ovariotomy was performed on the 18th. The cyst had very thin walls which would not hold a trocar and canula, so it was incised and emptied of a pale dirty-yellow fluid. There were adhesions to small intestine. Tumour extended deeply into broad ligament: solid material and multiple cysts found close to uterus. Adhesions also to cœcum and vermiform appendix. The Fallopian tubes were ligatured; the pedicle transfixed and ligatured, and the growth cut away. The peritoneum was sewn with fine catgut. Patient did very well, and went out on August 29th, 1890.

Mary Ann H., æt. 36, dressmaker, admitted on March 10th 1890. Family History—father and mother both alive, the former is 'rheumatic,' the latter has 'heart disease;' four brothers and a sister are alive, quite healthy. Personal History—she has never been strong, and since 20 years of age has had lateral spinal curvature, affecting the lower dorsal vertebræ, caused by continual working at the sewing machine; for the last two years the back has been worse. Two years ago she had bad

headaches; she caught a chill inside suffering from great pain and vomiting: she got better after applying poultices to the abdomen. Four months ago a feeling of fulness of the abdomen and general prominence of it was noticed. The legs became swollen and painful. There has been no pain in the abdomen until the last month, when it has been constant on the left side; shooting pains also frequent on the same side from just below the ribs going down the legs: these come on suddenly, are increased by movement, are accompanied by a feeling of sickness and faintness, and occur at least once, sometimes twice or thrice daily. No gravel or blood passed in urine, no incontinence or dysuria. Bowels more costive lately. Menses, regular until 2 weeks ago, and appearing now within the fortnight. She has lost flesh lately; has always been subject to morning sickness, the last fortnight there has been retching but no vomiting.

On examination, there is uniform distension of abdomen especially at lower part; the measurements from umbilicus to the right and left sup. ant. iliac spines are the same, viz.—8¾ inches; the circumference at umbilicus is 35 inches, and 36¼ 1½ inches below it. Pulsation of abdominal aorta felt through swelling. Fluctuation and distinct thrill from side to side of swelling. Slight resonance over flanks and transverse colon, tumour dull. Part of tumour in left lumbar region seems divided off from main swelling, being firmer and more tense. Left side more painful and tender especially in the lower part. Legs not swollen. Labia œdematous; vagina closed by a very tough hymen with opening only the size of a quill; this was ruptured, and uterus found displaced backwards and slightly to the left with fixation to left wall of pelvis; in front and to the left of uterus a hard lump felt, apparently in the broad ligament; uterine sound passes 1½ inches with concavity forwards and a little to the right; fundus appears to be drawn upwards to the right and twisted so that sound cannot pass whole length of cavity. Urine: sp. gr. 1015, acid; some albumen and deposit of mucus, no sugar or blood.

Ovariotomy was performed on April 10th. There was marked swelling of tumour on the left side some inches below umbilicus. An incision was made, and from a cyst presenting at the opening a little clear fluid was drawn off; this cyst did not connect with main cyst, confirming the diagnosis. A second small cyst which next presented was punctured. The main cyst was then dealt with in the same manner, and from it a dark-brown chocolate-like sweet smelling fluid poured out; a tube was inserted until cyst quite empty, and when withdrawn was found to have some glairy, transparent, colourless, jelly-like substance sticking to it. The tumour was found to be adherent to omentum, small intestine, and very closely to the cæcum. The sac was large, thick-walled, and opaque. On the left side of uterus was a hard nodulated growth which was ligatured at the pedicle and cut off. The cysts were ligatured at their attachments and the whole tumour removed.

The total quantity of fluid measured 14 pints 10 ounces. The brown fluid, on settling, showed a deep red deposit below and above an opaque fluid of sp. gr. 1020, containing red corpuscles in great numbers mostly crenated, leucocytes and cholestrin; it reacted to the Guaiacum test.

The cyst wall weighed 18 ounces.

Patient was up on May 8th, and discharged on the 22nd wearing a Spencer Well's belt.

PROTOPLASM.

A Paper read before the Guy's Hospital Physical Society, February 21st, 1891.

GENTLEMEN—I intended to include the nucleus and the cell generally in my paper to-night, but finding that it was impossible, have limited myself to a general account of protoplasm.

History.—Dr. Fletcher writing in 1835 his "Rudiments of Physiology," the rudiments of a rudimentary science, expresses ideas, which though never before put forward, must surely have been suggested to the great biological thinkers of the past. "Is vitality directly inherent in each of the organized tissues," he asks, "or is it rather due to the universal distribution of some special living substance"?

Observing the varying amount of life in different tissues, especially the difference between the rigid tissues and those more fleshy (so to speak), he comes to the conclusion that the only living matter is "a nitrogenous, pulpy, translucent, homogeneous matter, yielding, after death, fibrin." This substance, identical with the gray substance of nervous tissue, he regards as universally diffused, and believes that to molecular changes within it are due every vital action and every evolution of force. But he does not credit it with spontaneity of action, and regards all vital phenomena as due to adequate external causes. That, gentlemen, is the germ of the protoplasmic theory.

In the same year Dujardin* described the contractile substance of the Rhizopoda as "a kind of mucus endowed with spontaneous movement and contractibility," and to this, before known as "living jelly," gave the name of "sarcode."

Schleiden,† who first applied the cell theory to plants, and generalized upon the numerous specialized and disjointed observations then extant upon their structure, observed and described a granular substance which he says sometimes takes the place of starch within the cell. He says, "This substance, which I shall call mucus, is probably identical with that of which the cytoblasts are composed, and with the small granules in gum." The gum is formed from starch, and in it arise the all-important small granules, which by aggregation build up cytobiasts, and upon the latter are moulded nucleus and cell.

* Ann. des Sci. Nat. Tom. III.

† Contributions to Phytogenesis. Sydenham Soc. Pub.

In the year following that in which Schleiden wrote, appeared Schwann's* paper on "The Accordance in the Structure and Growth of Animals and Plants." He finally established the cell theory, but completely ignored the importance of the cell contents, assigning the place of honour to the cell wall. His vital substance "cytoblastema," the matrix in which he believed that cells arose, as described by Schleiden, existed both within and without the cell, and cannot be regarded as protoplasm.

Purkinje is said to have first used the word protoplasm, but to Hugo von Mohl must be attributed the honour of first defining and employing it in a scientific manner. His observations† were made upon the vegetable cell, and extended over some eight or nine years.

"I am authorized," he says, "to give the name of protoplasm to a semifluid, nitrogenous substance, stained yellow by iodine, which is contained in the cavity of the cell, and which furnishes the materials for the formation of primordial utricle and nucleus."

The parietal layer of protoplasm, the so-called primordial utricle, and the bridles supporting nucleus are distinguished; and in his later papers he describes its coagulability, and its vacuolation, and minutely portrays the movements in the staminal filaments of Tradescentia so well known to all who have dabbled in Biology. He states that on account of its constant transformations and motility it must be a liquid. With regard to what we now call structure he says, "Protoplasm bears the same relation to cell-sap as a frothy liquid does to air contained in bubbles."

Cohn‡ identified the substance of Protococcus with the protoplasm of Mohl. Remak attempted to apply the name to animal cells, but did not meet with much success. And it was not until 1861 that Max Schultze§ bridged over the gulf between animals and plants, by showing that sarcode and protoplasm are one and the same. He observed their identical physiological characters, their powers of motion and their irritability, and from this made the great deduction with which his name is always associated.

Thus, after many retrogressive steps, and after nearly thirty years' labour, the protoplasmic theory was at last firmly established. And the fundamental principle being recognized that plants and animals have in common one vital and constant constituent, Biology became a science.

Chemistry.—Of the chemistry of protoplasm I have but little to say, for nothing is known.

In Beaunis's "Physiologie Humaine" there is an elaborate analysis of protoplasm by Hofman. But considering that his material consisted of large quantities of pus, I think we may disregard his results.

Löw, by a theoretical synthesis, builds up a dreadful formula for protoplasm, which I will not inflict upon you. His reasoning, I must confess, I am unable to follow.

* Micros. Researches into the Accordance in the Structure and Growth of Animals and Plants. Sydenham Soc.

† Sci. Memoirs, 1846. Botanische Zeitung, &c.

‡ Ray Society's pub., 1853.

§ Uber die Muskelkörperchen und das was man eine Zelle zu nennen habe. Müller's Archiv., 1861.

Pflüger's attempt to express life by a formula and death by an equation, sounds like a joke, but apparently is an earnest theory. The distinction between living and dead protoplasm he says is due to the manner in which the N of the molecule is combined. In living protoplasm we have N combined directly with C and have a Cy radicle, and in dead the N is present in the form of NH_2 compounds. Death consists in the divorce of N from the ennobling C, and in its degrading alliance with the light and fickle H. Equation:—

Life. Death.

$$CN+H_2O+O \quad , \quad = \quad NH_2+CO_2$$

The arguments supporting this theory are very funny. The excreta of animals, the waste products of protoplasmic activity are urea and uric acid; the results of the decomposition of dead proteid are NH_3 and carbonates; urea and uric acid contain the Cy radicle, and hence the above deductions.

In the first place, he altogether neglects the waste products of vegetable protoplasm, which are essentially compound ammonias; in the second place, he has the audacity to compare decomposition with the processes of life; and the whole is based upon the supposed Cyradicle in urea, about which, I find, all the great authorities are silent, or speak with extreme caution.

Although we may dismiss Pflüger's attempt at explanation, yet the fact that living protoplasm has distinct chemical properties is undoubted. A living filament of Spirogyera will reduce ammonical $AgNO^3$, whilst a dead one is inert. The special test for life, according to Bokorny, is a dilute solution of some alkaline base which leaves unaltered dead cells, but in living protoplasm causes a turbidity, due to the precipitation of little granules of proteid.

Structure.—Though the chemistry of protoplasm is still mainly theoretical, much work has lately been done towards a better understanding of its intimate structure. The older investigators described it as a viscid, granular, structureless mass; but recently more perfect means of investigation have revealed the fact that protoplasm has a distinct structure, upon the details of which however authorities still disagree.

Heitzmann* describes it as consisting of a network which alone is contractile, and in the meshes of which is a mixture of proteid substances. Not only does he regard this reticulum as existing in cell protoplasm, but believes that it is continuous throughout every tissue of the body. He completely abandons the cell theory, regarding the cell as a mere area, and will by no means acknowledge the amount of individuality with which it is generally credited. Cell contents differ from connective tissues only in the nature of the intra-reticular substance which in the former is fluid, in the latter solid, or semi-solid. That strands of protoplasm are continuous from cell to cell is not difficult to demonstrate in certain vegetable tissues, *e.g.*, endosperm of palm seeds, and from analogy one might expect to find some such arrangement in animal tissues. But that the cell theory, which was

* Trans. New York Academy of Medicine, 1886.

built up with such care, and has survived so many onslaughts, should succumb to these observations, is hardly to be expected.

Bütschli,* whose recent work upon this subject has created so much interest, returns to the older idea of von Mohl. Protoplasm he describes as a fine froth (vacuolär-Schäume). He attempted to show this by what one might call a process of synthesis. Making a very fine emulsion, and examining drops of it microscopically, he saw a structure identical in appearance with that of protoplasm. In some parts of preparation he saw the reticulation described by Heitzmann and in other parts mere granules. On using higher powers the reticulum resolved itself into droplets of manifold shapes crowding each other, and by the contact of the adjacent sides giving rise to the appearance of mesh work, whilst the granules were resolved into the points of contact of still smaller drops.

The following is the method of preparation† he recommends. Ordinary olive oil is kept for some days at about 50° C., until it becomes somewhat viscid. K_2CO_3 is then pounded up in a small mortar and made into a paste with the oil. Small portions of the paste are put upon cover glasses and immersed in water for 24 hours. During this time the small fragments of salt absorb water and form spaces in oil containing salt solution. The next day they are examined in dilute glycerine. They then become transparent and exhibit most characteristic phenomena. They mimic our dear old friend the amœba in a perfectly eerie manner, and move sedately about the stage as though conscious of their theoretical value. Untrammelled with the cares of even amœboid life, they take no care of the morrow, and regard the most succulent paramœcia with supreme indifference, nor can they be tempted to a feast of vermilion granules. But what at first sight is very curious, they appear to be susceptible to external influences, and quicken their movements as the temperature rises. They continue in motion about 48 hours. Glycerine is not the active agent, for in water the same phenomena are observed. Bütschli ascribes these movements to changes in the striated limiting membrane, which they all possess, brought about by the bursting and coalescence of the globules in the emulsion.

(To be continued).

VOLUNTEER MEDICAL STAFF CORPS.

The Annual Prize Competition for No. 2 Company (Guy's, London, and St. Mary's Hospitals) was held on May 22nd in the Park. Under the judicature of Surgeon Raw, the following events were decided: -

1. Stretcher Drill — Detachment from London Hospital.

2. Bandaging—1, F. H. Fawcett (London); 2, G. S Hovenden (Guy's).

3, Recruits—1, H. Fulton (Guy's).

* Abstract of paper in Centralblatt für Physiol., February, 1890.

† Q. J. Micros. Sci., 1890.

Obituary.

Harold Kennaway Roper, the son of the late Dr. C. H. Roper, of Exeter, was born in 1862. He was educated first at Mount Radford (Exeter), and then at Exeter School, and came to London from Exeter as a student at Guy's in 1881. He took up the course for the London Degree, and graduated in Medicine in 1888; he also passed the primary examination for the Fellowship of the College of Surgeons. In the meantime he had been holding various hospital appointments, dressing for Mr. Jacobson and Mr. Davies-Colley, and he left the hospital after completing his house-surgeoncy. In the Hospital Mr. Roper made many friends amongst his patients, his teachers and his colleagues. Every one that knew him felt his perfect honesty. In his work he was above all things practical, and many of us have had to thank him for his willing help in surgical difficulties.

Willing to help with his hands, he was also ever willing to cheer us with his voice, and at Christmas time no one did more to help to brighten the lot of the patients in the wards than he.

After leaving Guy's, Mr. Roper settled at Norwood, and had at the time of his sudden death, worked together what would soon have been a very valuable practice. All who have known him will hear of his death with sad regrets. With those who have known him in his home, regret will deepen into grief that one who so faithfully fulfilled all the highest duties of life should have been called so suddenly away. He was seized on the 25th of May with influenza, but was never laid up, and in the early morning of the Friday following he was taken suddenly ill, with evidence of acute pneumonia, and in five hours died with hyperpyrexia.

Passim.

WITH our next number we shall issue a special cricket supplement, which will contain full accounts of the matches played by both elevens during the past month. It will also include a portrait of Mr. Reid, the captain of the first eleven.

WOULD it not be possible to place notices on the walls and lamps between the surgery and the dispensary, directing the patients who have to obtain medicine? At present they are a continual source of annoyance, and a little management would soon alter this.

MAY we remind old Guy's men that as there is now a qualified ophthalmic assistant appointed by the Treasurer, it is not right for them to insert "Ophthalmic Assistant, Guy's," after their name in the medical directory unless they have held this post. They had better style themselves Ophthalmic Dresser, or Dresser in the Ophthalmic Wards, if they prefer the Greek term to the more common one in vogue.

PERSONS have often come to out-patients with very curious requests, but a woman last week who had evidently clothed Mr. Golding-Bird with episcopal robes, desired him to CONFIRM her child. After some enquiry, her real trouble was brought to light, and a judicious use of the old Jewish custom sent her away.

A PRACTITIONER of Stourbridge must be hard up for subject matter for letter writing or else deserves seclusion from mental worry for a time. Writing to the *Lancet*, he attempts to diagnose the nature of the case depicted in Luke Fildes picture "The Doctor," hung on the line in the large room of the Academy.

WE have read with much interest the short sketch of our Senior Surgeon, Mr. Arthur Durham in *The Gentlewoman* of last week. We congratulate our contemporary on its enterprise, and assure it that it is largely read by ladies within our narrow circle of society.

IN passing we may also note that Guy's men are evidently favourites, for in the sketches of physicians which have appeared during the past few months no less than five of our staff have been described.

WE have received several letters on the subject of the present constitution of the London University. As the University itself has definitely rejected any scheme for its improvement, we must at present leave the question alone, in the hope that the future may bring a solution of the present difficulty.

WE are glad to hear that the idea of a Union of all the Clubs and Societies connected with the Hospital has met with an almost general word of approval, and we hope that the Scheme will be sanctioned by the authorities, and will come into operation as speedily as possible.

PROFESSOR REGINALD HARRISON will deliver Three Lectures on Enlarged Prostate, Stone in the Bladder, and Urethral Pathology, in the theatre of the Royal College of Surgeons, on Monday, Wednesday, and Friday, June 15th, 17th, and 19th, at 5 o'clock each day.

IN consequence of the illness of Professor Burdon-Sanderson, and under the advice of the physician attending him, the Croonian Lectures will not be delivered this month as announced.

A CANDIDATE during a recent anatomical interview with an examiner, ventured on the assertion that the facial nerve descended the Fallopian tube.

Our Note Book.

All communications for this column should be signed and placed in Editor's box on or before the Monday in the week in which the Gazette *is issued.*

We shall also be pleased to insert criticisms on any of the notes printed.

Venereal warts are never due to a simple gonorrhœa, but to a mixed infection.

Hypertrophy of the heart in spinal curvature is due to kinking of the aorta.

Enlarged prostate frequently leads to increased secretion of urine, thus aggravating the condition due to the enlargement.

Casts in the urine do not always indicate a lesion of the kidneys, they may be casts from the spermatic tubules.

In excited conditions of the heart there may be a systolic bruit without any valve lesion.

The longer the interval between the end of a diastolic bruit and the first sound of the heart, the graver the prognosis.

Gluten bread when toasted is relieved of its glutinous character.

The base of the first metatarsal bone is equidistant between the most anterior point of the great toe and the most posterior point of the heel.

Crystals of urate of soda in tophi are needle-shaped.

Spirits of turpentine may be used instead of ozonic ether when testing for hæmaturia.

Don't diagnose as piles without digital examination of the rectum, what may be early carcinoma in a young subject.

COMMENTS ON FORMER PARAGRAPHS.

There are really only two forms of lupus: lupus vulgaris, which is tubercular and constitutional, and lupus erythematosus, which is local and has no bacillus.

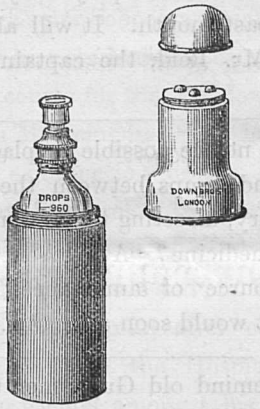
Lupus exedens is a variety of lupus vulgaris.

Why call any syphilide by a name which has quite another meaning ?

Medical aphorisms should never be relied upon, *vide* Dr. Wilks' paper on opium and the aphorism of last issue, "Never give opium in chronic bronchitis."

NOTICES OF INSTRUMENTS.

An improved form of Chloroform Drop Bottle is now being made by Messrs. Down Bros., which corrects the failings of those at present supplied to the profession, and which was suggested by an old Guy's man—Dr. Rodman, of East Sheen. It consists of a round bottle with minim graduations, having a distributor made of metal and screwed carefully on to the neck of the bottle, so that it can neither be mislaid nor broken as is so often the case with the glass cap now in use. It is fitted into a box-wood case, in the top of which are small depressions into which fit some nitrite of amyl capsules ready for use in any emergency during the inhalation of the anæsthetic. These, as will be seen in the accompanying wood-cut, have a separate screw lid.



RECENT PUBLICATIONS.

Ball's Intubation of the Larynx. Crown 8vo., 2/6.

Ballantyne's Introduction to the Diseases of Infancy. 8vo., 10/6.

Bennett on Varicocele. 8vo., 5/-

Behrens' Text Book of General Botany. 8vo., 5/-

Bower's Course of Practical Instructions in Botany. 3rd Edition. Post 8vo., 10/6.

Brunton's Text Book of Pharmacy, Therapeutics and Materia Medica. 3rd Edition, containing the additions (1891). 8vo., 21/-

Chauveau's Comparative Anatomy of the Domestic Animals. 2nd Edition. Edited by George Fleming. 8vo., 31/6.

Darwin (Charles): His Life and Work. By C. F. Holder. Post 8vo., 5/-

Lewis' Pocket Medical Vocabulary. 2nd Edition. 32mo., 3/6.

Martin's Minor Surgery and Bandaging. Cr. 8vo., 4/-

My Doctors. By a Patient. 12mo., sewed, 1/-

Nisbet's Insanity of Genius and the General Inequality of Human Faculty Physiologically Considered. 8vo., 14/-

Parker's Lessons in Elementary Biology. Post 8vo., 10/6.

Porter's Surgeon's Pocket Book. 4th Edition. Revised and edited by C. H. Y. Goodwin. 12mo., 8/6.

Quain's Elements of Anatomy (vol. I., part II.) General Anatomy or Histology. By Professor Schaffer. 10th Edition. Royal 8vo., 12/6.

Roberts' Notes on the Additions made to the British Pharmacopœia. 12mo., 1/-

Thompson (Sir H.): Modern Cremation. 2nd Edition. Revised and enlarged. Post 8vo., 1/-

FORTHCOMING EVENTS.

June 13. Cricket Matches:—Guy's (1st) *v.* Kensington Park. Guy's (2nd) *v.* Forest School.
" 15. Last day for sending in Schedules for Intermediate M.B. Lond.
Schedules for Final Conjoint Examination to be left at the Medical Office not later than this date.
" 16. Prize Competition for Fourth Year's Students. Cricket Match:—Guy's (1st) *v.* Blackheath.
" 18. Prize Competition for Third Year's Students.
" 20. Cricket Matches:—Guy's (1st) *v.* Surbiton. Guy's (2nd) *v.* Highgate School.
" 22. Last day for sending in names to London University for Pre. Sci. Examination.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Allow me through your columns to thank the old Guy's friends of my brother, Walter Fisher, who have volunteered to help him in his medical mission work. I have not yet received a letter from him in answer to mine informing him of this kind interest, but I know that he will be very pleased to think that they still remember him.

His letters are full of medical information. Situated 250 miles from the west coast, 1,000 miles below the equator, and 6,000 feet above sea-level, the climate is comparatively temperate. In this mountainous district goitre and cretins are common, a photo of one of the latter shews the usual features ridiculously exaggerated in the negroid face. In addition to the broad nose and thick lips, the skin is rough and the abdomen full. The mental condition of this patient was peculiar. Considering himself in every way equal to a chief, he under-estimated the size and importance of everything else; animals were thought to be only a third of their actual height, and anyone needing food would have to ask for a houseful of meal, and a river of beer in order to get sufficient to satisfy his native appetite. My brother's energy in various directions surprises me. In spite of having made three journeys to the coast with caravans for supplies, often by no means an easy task owing to the difficulty of dealing with carriers, he has found time to aid in building and agricultural work. He has performed the operation for cataract three times successfully, and treats patients from considerable distances, as well as at times travelling several miles to see them.

In spite of his multifarious duties, he does not forget to keep himself up so far as he is able with recent medical work, and is anxious to know if any more recent work on medicine than Fagge is yet out. Neither does he neglect the diseases of domestic animals; post mortem examinations have been made, and at least one treated successfully that those familiar with the affection thought hopeless. Lately he has written for a microscope that he may examine pathological sections from man or beast. He is probably now on his way to the far interior, but on his return in four or five months' time, hopes to build a small hospital. Two lady nurses have recently gone out and a male nurse from a colonial hospital. Busy though he is, his letters always show that he never ceases to regard all material benefits bestowed on the natives as of secondary importance, and mainly useful as a means of gaining their confidence and shewing that he and his companions are there for no mercenary purpose.—Yours faithfully,

THEO. FISHER.

Pathological Notes.

A FOREIGN BODY IN THE ŒSOPHAGUS; PERFORATION OF THE ARCH OF THE AORTA.

From a girl, age 20, who accidentally swallowed the dorsal scutum of a fish (acipenser). This was followed by dysphagia, a feeling of suffocation, and pricking pains in the neck, about the left sterno-clavicular joint. As the difficulty of breathing became worse, an instrument was passed down the œsophagus, and it was supposed that the foreign body had been thrust into the stomach; but on the removal of the instrument there was hæmorrhage from the mouth, and the patient complained of very severe pain in the throat. The next day, on attempting to swallow some soft food, there was a second attack of hæmorrhage, and for a whole week any attempt at swallowing caused a greater or less loss of blood. The patient was much exhausted by the repeated hæmorrhage, and died on the tenth day after a copious and prolonged flow of blood from the mouth.

Autopsy.—On removing the sterum and front of the chest, a large extravasation of blood was found in the lower part of the neck, pushing aside the trachea and compressing the apex of the left lung. When the œsophagus was opened, the "fin" of the fish was found impacted in its wall, about opposite the bifurcation of the trachea (*see* Fig. 1), and the surrounding tissues were much softened and inflamed. Further examination showed that the point of the "fin" had perforated the posterior wall of the aorta, about seven lines from the origin of the left subclavian artery. The perforated spot is shown in Fig. 2. The lungs were compressed by blood extravasated into the mediastinum.

Sport.

THE ATHLETIC SPORTS.

(FROM OUR SPECIAL CORRESPONDENT.)

The Guy's sports were held on Wednesday afternoon in last week, on the L.A.C. grounds at Stamford Bridge. With the exception of one little shower the day was fine but close, and light costumes were donned with evident effect by some of our weaker sisters. The ground in point of size was decidedly superior to Balham, but many spectators looked wistfully for the shady nooks and

sequestered walks of the latter, and voted the stands and seats a little too hot and dusty.

Punctually at half-past two the judges, Mr. Higgens and Dr. Brailey, chosen with very evident reason to keep an eye on the worsted, fastened the white strand in preparation for the first heat of the hundred. H. T. Bell came in first, and Messrs. Todd, Steinhaeuser and Tressider won their respective heats. The committee had by this time nearly all made their appearance, though the familiar forms of Messrs. Sichel and Bligh were wanting, and Mr. A. L. Roper was no doubt detained by a pressing card. The surgical staff was well represented by Mr. Clement Lucas (President of the Athletic Club) and Mr. Golding-Bird, while Mr. and Mrs. Symonds came in soon after. Mr. Allport now hurriedly left the ground, and a lady near me asked her companion when that gentleman was going to play. I thought of him dressing in haste for that arduous battle with such tried foes as Munro, the energetic secretary of the club, and Wilmot, a three mile winner, and wondered if she really thought it play. If she did she must have felt gratified that the object of her enquiries played so well, for he pulled off that race, urged on no doubt by some mental impetus suggested by the brain of my fair neighbour.

In the final heat of the 100 yards race, H. T. Bell scored deservedly in 10⅘th seconds, and should prove a good card to play for the Inter-hospital race. Biggs ran under great disadvantage and deserves a pat on the back for having persevered so pluckily. The sack race was not won as usual, as our habitual winner was penalised, and despite the dexterous insertion of his toes into each corner of his sack, and the display of his well-known sack waddle, Hibbard managed to jump in just in front of him. The high jump was one of the prettiest performances we have seen for a long time; H. T. Bell won without any exertion, and would, we feel certain, jump at least three inches higher if called upon to do so. The 880 yards invitation race produced a good field, no less than twenty-three candidates starting from their marks. H. A. Munro made a good time for the three miles, and his running action reminded one of a thoroughbred, and his performance was loudly applauded by all present. A many convoluted trumpet of the largest size won the bandsmen's race, while the big drum, with a good long start, came in a close second. Mrs. Symonds kindly distributed the prizes, and a few words from Mr. Lucas closed a sports afternoon which was fully worthy of our Hospital. Detailed account:—

100 YARDS RACE.—Heat 1: H. T. Bell, 4 yards start, first; H. T. Hinton, 6, second; Van Someren, 5, third. Time, 10⅘ sec. Heat 2: D. B. Todd, 6, first; A. M. Nicholls, 4, second; J. J. E. Biggs, scratch, third. Time, 11 secs. Heat 3: J. R. Steinhaeuser, 5, first; C. E. Hibbard, 6, second; S. Floyd, 6, third. Time, 11 sec. Heat 4: M. E. Tresidder, 5, first; H. S. Desprez, 3, second; E. Moore, 6, third. Time, 10⅘ sec. Final heat: Bell, first; Steinhaeuser, second; Todd, third: Tresidder, 0. Time, 10⅗ sec.

HALF-MILE RACE.—A. Allport, 90 yards start, first; H. W. Dudgeon, 50, second; H. A. Munro, scratch, third. Time, 2 min. 3⅕ sec.

120 YARDS HURDLE HANDICAP.—J. R. Steinhaeuser, scratch, first; G. T. Birdwood, owes 5 yards, second; H. J. Spon, scratch, third. Time, 20⅗ sec.

ONE MILE RACE.—P. Wilmot, 30 yards start, †; J. W. Eastment, 85, †; A. K. Matthews, 140, third. Eastment caught Wilmot at the winning post, and a dead heat resulted. Time, 4 min. 51 sec.

220 YARDS HANDICAP.—Heat 1: H. T. Hinton, 11 yards start, first; J. J. Biggs, scratch, second; C. E. Hibbard, 11, third. Time, 23⅕ sec. Heat 2: D. B. Todd, 12, first; H. S. Desprez, 6, second; E. Moore, 13, third. Time, 24⅕ sec. Final heat: Todd, first; Hinton, second. Time, 23⅗ sec.

PUTTING THE SHOT (16LB.)—W. D. Macdonald (owes 9in.), 32ft. 9in., first; E. Moore, scratch, 29ft. 1in., second.

440 YARDS HANDICAP.—C. E. Hibbard, 20 yards start, first; H. W. Dudgeon, 18, second; H. J. Spon, 18, third; D. B. Todd, 20, fourth. Time, 54⅕ sec.

SACK RACE.—C. E. Hibbard, first; A. Allport, second.

HIGH JUMP.—H. T. Bell, scratch (5ft. 3in.), first; W. D. Macdonald (owes 2in.), †; J. R. Steinhaeuser, scratch, †; M. E. Tresidder, †. The three latter were equal at 5ft. 2in.

600 YARDS VETERANS' HANDICAP (for men over their fourth year.)—A. Allport, 60 yards start, first; P. Purnell, 20, second; J. W. Eastment, 15, third.

880 YARDS INVITATION RACE (handicapper, J. J. Cooper, S.L.H.)— —. Hay, St. Bartholomew's, 42 yards start, first; A. R. M'Collagh, Charing Cross, 42, second; A. R. Williams, Lea H. and L.A.C., 20, third. Also competed:—A. R. Badger, St. Bartholomew's, 14; Harold Wade, Lea H. and L.A.C., 14; E. Leaver, S.L.H., 18; T. Prideaux, S.L.H., 22; O. W. Davis, S.L.H., 24; W. C. Myatt, S.L.H., 27; C. Norman Jones, S.L.H., 28; F. E. Easton, St. Mary's, 30; A. N. Wilde, St. Bartholomew's, 30; P. G. Mould, St. Mary's, 32; G. C. Innes, S.L.H., 33; F. E. Myatt, S.L.H., 33; B. H. Willis, S.L.H. and L.A.C., 38; J. J. Cooper, S.L.H., 40; H. C. Mountford, S L.H., 40; H. L. Yardley, S.L.H., 40; G. E. Mould, St. Mary's, 42; G. M. Swanson, Lea H., 62; M. Z. Kuttner, S.L.H., 78. Swanson took the lead, and at one time looked all over a winner, but Hay sprinted down the straight and won by two yards and a half from M'Cullagh, who only beat Williams by a few inches for second prize. Time, 1 min. 59⅕ sec.

THREE MILES HANDICAP.—H. A. Munro, scratch, first; P. Wilmot, 140 yards start, second; P. Purnell, 320, third. Munro passed all runners at end of first mile (time, 4 min. 55 sec.); he increased his lead considerably at end of second mile (time, 10 min. 13 sec.), and won by a quarter of a mile from Wilmot, who was easily second. Time 15 min. 44 sec.

LONG JUMP.—H. T. Bell, scratch, 19ft., first; D. B. Todd, scratch, 18ft. 1in., second; A. Phillips, 15ft. 5in., third.

BANDSMAN'S RACE, 200 YARDS.—Butler, first; Short, second; Howlett, third. Won by three yards. Time, 22 sec.

CONSOLATION RACE.—J. J. E. Biggs, first.

The band of the M. Division of Police gave a good selection of music during the afternoon.

LAWN TENNIS.

The general meeting of the club was held on Friday, May 29th. In the unavoidable absence of Mr. Lane, the chair was taken by Mr. Parkin.

The Hon. Treasurer presented his report of the past year. Of matches arranged, 2 were won, 4 lost, and 6 postponed; this result was in a great measure owing to our being unable to raise any but indifferent teams, the best players belonging to private clubs, for which they preferred to play. In the cup matches we had a greater success, being in the final tie with St. George's, who defeated us by the narrow margin of one set, events being equal.

The subscription list showed an increase of over £2. The appended balance sheet was placed before the meeting; it shows a surplus of £3 odd and no liabilities.

Copy of Balance Sheet put before General Meeting of Guy's Hospital L. T. C., held on May 29th, 1891.

BALANCE SHEET FOR SEASON 1890-91.

Dr. INCOME.	£	s.	d.	£	s.	d.
To Balance from Season 1889-90 ...				9	7	11
„ Subscriptions—						
Per C. R. Colley	2	0	0			
„ A. V. Chapman	1	15	0			
„ H. G. Biddle	1	15	0			
„ W. C. C. Park	2	5	0			
„ W. A. Haslam	6	1	0			
				13	16	0
To Tournament Entries				0	18	0
„ Sale of Keys				0	11	0
„ Sale of Balls				2	4	9
„ Sale of Photos				1	8	0
Total ...				£28	5	8

Cr. EXPENDITURE.	£	s.	d.	£	s.	d.
By Sundries	0	9	11			
„ Prizes for Tournament	1	10	0			
„ Subscription to United Hospital L. T. C.	3	3	0			
„ Slazenger's a/c for Balls... ...	1	8	6			
„ Bennetfink's a/c „	0	17	6			
„ Chapman's a/c	0	9	6			
„ Millson's a/c	0	2	11			
„ Field's a/c	0	16	0			
„ Russel's a/c for Photos'	1	12	0			
„ Bunnet's a/c	0	4	0			
„ Deane & Co.'s a/c	13	9	6			
„ Ash & Co.'s a/c	1	0	0			
				25	3	10
„ Balance				3	1	10
Total ...				£28	5	8

Audited and found correct,
May 29th, 1891. (signed) J. H. TARGETT.

The following officers were then elected:—

President: W. A. Lane, Esq., M.S., F.R.C.S.
Captain: C. R. Colley.
Vice-Captain: W. H. Fisher.
Hon. Sec. and Treasurer: W. A. Haslam.
Committee:

W. E. Sturges-Jones	H. G. Biddle
E. H. Cartwright	A. G. Buchanan
W. C. C. Park	W. S. Frith
W. H. Peake	W. G. Mumford
B. G. Reynolds	W. A. Hancock.

Auditor: J. H. Targett, Esq., M.S., F.R.C.S.

The draw for the Inter-Hospital Cup Ties this year is as follows:—

St. George's (bye) .....
St. Thomas ..... } ..... } .....
University College } } .....
Charing Cross ..... } ..... } .....
King's College ..... } .....
Guy's (bye) .....

The matches will be played at Chiswick Park, the first round on Monday. June 15th, the 2nd round on Tuesday, the 16th, Guy's playing their tie at 10.15 a.m., while the other tie will be at 1.30 p.m. The final will take place at 1.30 p.m., on Wednesday, the 17th.

With regard to our cup team, we lose Sturges-Jones (our late captain), Biddle and Fuller from last year's team. One of the vacancies will certainly be filled by Hancock, who has just entered; another probably by W. H. Peake, last year's reserve; the other will be decided by the play in the scratch singles, which were drawn on June 9th, and have been in progress during the week.

St. George's, who have held the cup for four years, lose E. W. Lewis, a decided gain to the other hospitals; they still, however, have A. Walker, and a new man, Ransome, who is reported to be nearly as good.

St. Thomas', who were beaten last year by the winners (4-2) have the whole of their old team available, as well as a promising new man, Bird.

University College have lost W. V. Eaves, one of the first-class players.

Besides the scratch singles mentioned above, a handicap (also singles) has been got up, for which about 30 had entered when the list closed on Thursday. The ties will be in full swing next week.

The lines on the court have just been repainted, gravel has been laid round the sides, a new net procured, and sundry small repairs executed.

GUY'S HOSPITAL BICYCLE CLUB.

The Bicycle Club has entered upon its 2nd year of existence under favourable auspices; three runs have been already held, and, from its card, we see that many a delightful ride has been arranged for. The especial features of the present season are a 50 miles road race, and the establishment of an attendance prize.

The officers for the season are:—

President: J. W. Washbourn, M.D.
Vice-President: J. H. Targett, M.S.
Captain: F. G. Hopkins, B. Sc.
Vice-Captain: C. E. Carpmael.
Committee:
H. W. Collier. W. J. Henson.
V. Pendred. F. W. Wilson.
Hon. Sec. and Treasurer: G. L. Eastes.

On Saturday, June 6th, a very pleasant run was made to Leatherhead, starting from Streatham Hill and taking in Kingston on the outward journey—at the latter place some of the party left for Windsor. The deserted state of the Brighton Road only added to an enjoyment, as we revelled in the lovely scenery. After tea at the Bull Inn we jogged merrily homewards, returning *viâ* Epsom and Sutton, with the comfortable feeling of having added some 35 miles to our score of miles.

On Wednesday evening last four of the club, including the Vice-Captain, met at Dulwich for a run to Hayes. After arriving at West Wickham however we found a delightfully rural lane, with good surface, which eventually landed us at Chelsham; here we obtained milk and information from a very hospitable lady. Our run had been considerably extended, but so pleasant was the evening that none regretted the additional 10 miles. Croydon was reached *viâ* Warlingham and Sanderstead, and at the former place we parted company.

Birth.

SCOTT.—On May 22nd, at Westbourne Villa, Ealing, the wife of Alfred Langston Scott, M.R.C.S., of a son.

Marriages.

CROOK—KILLICK.—June 4th, at the Parish Church, Hornsey, by the Rev. J. S. Clementson, M.A., Herbert Evelyn Crook, M.D., B.S. Lond., F.R.C.S., Eng., of Margate, to Ethel, youngest daughter of the late Samuel Hillick, Esq., of The Court Lodge, Fawkham, Kent.

VINCENT — WOOLLETT. — On May 29th, at St. Nicholas' Plumstead, Herbert Edmund Vincent, M.D., B.S., Lond, to Dora Margaret, daughter of John Cresswell Woollett, of Old Charlton, Kent.

Deaths.

LOMAS.—On May 28th, at Ferrybridge, Yorkshire, William Roby Lomas, Surgeon, aged 81.

ROPER.—On May 29th, Harold Kennaway Roper, M.B. Lond., of Belvedere Road, Upper Norwood, second son of the late C. H. Roper, Esq., of Exeter, aged 28.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

£200 per annum. INDOOR ASSISTANTSHIP at Rangoon. Must sign for three years. Apply, Medical Office, Guy's.

A GOOD CLASS SUBURBAN PRACTICE for Transfer. Receipts exceed £900 per annum. Good introduction given; no appointments; will bear the strictest investigation. Premium 1,500 Guineas. Full particulars, Medical Office, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition, including Pocket Dressing Case, Carpenter's Bronzed Lamp, Nettleship's Ophthalmoscope, Michel's Rhinoscope, &c. Apply, Medical Office, Guy's.

RESIDENT PATIENTS.—A Married Medical Man living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, Haselrig, Lowestoft.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JUNE 27, 1891.

A DISEASE CALLED "SOCIETY."

The numerous cases of nervous depression and irritability which we meet with in the society of the present day must convince us of the fact that life is being lived under more trying mental conditions than heretofore. The higher in society (so-called) that the individual rises, the greater becomes the tax upon his brain, of producing to order witticisms, sarcasms, *on dits*, and the like, to embellish the conversation in which he is engaged. The girl must throw aside all weariness with her opera-cloak, and must appear sparkling and vivacious in spite of the weary mind within. In Paris, our fair neighbours have had recourse largely to Morphia to produce this vivacity in a worn out mental frame; in England, Ether, Eau-de-Cologne, and Alcohol have been pressed into service, but have all sooner or later obtained the mastery over their former mistresses, have wrought havoc upon the fair victim, or have lowered her moral tone, and made her but a creature panting and struggling to keep a foot within the charmed circle of the upper ten thousand, whilst the other foot is slowly sinking into the grave. Often indeed the mental prostration following the giddy whirl of the day is so great that even conversation fails, and the little clique has resort to some simple game of cards in which brain power is not necessary, and which is a means of producing by its excitement, a false effervescence, which dies away directly the game is over, and gives place to a torpid sleep many degrees removed from that healthful physiological rest which is the result of a careful day's work well done. The principal result of this unhealthy living then is the craving for excitement; "Give us something new, something startling," cries the creature of society. A murder trial, a sensational divorce suit, both afford the required mental stimulus, and thus exhibit the disgusting spectacle of a court crowded with well-dressed men and women, hanging on the lips of the great counsel or judge, and criticising the poor creature cowering in the dock, longing for sympathy, yet obtaining only the inquisitive scrutiny of these great ones.

Literature and art are both misapplied by society; they do not read a book to learn the individuality of the writer, they do not appreciate his lessons, illustrating the life in this great world, they do not understand his teaching; but they read his work because it has become fashionable, and because they must be able to make a certain quantity of small talk upon it. Poets, too, are never understood by society until the grave has closed upon them: there are indeed conservative poets, like Walter Scott, who have reaped the immediate reward of their works, but the idealist who tries to depict the unseen future is spoken of scornfully as a madman, a rubbish-monger, who had better at once recede again into obscurity. Such were Shelley and Wordsworth, for their writings have but lately received the appreciation which they long ago merited. Literature, too, gives way before this unholy criticism; morality gives place to unseemly jests upon the sacredness of marriage; even music is dragged from its spiritual pinnacle and made to serve as the stimulus for voluptuous and unhealthy pleasures.

Thus society becomes affected by a disease so far-reaching that it demands immediate recognition at the hands of our craft. Medicine will not cure it, but moral persuasion may, and if our profession, which numbers in its ranks many of the greatest thinkers of the present day, will set their faces resolutely against this great mental disorder, they may be able to stem the tide, and, with the aid of the press, may reform society, or rather abolish it altogether, and establish in its place a new order of things, in which money will not be the presiding deity, but in which true merit, be it what it may, will find its real place, and from which all falseness and mental as well as physical immorality will be for ever banished.

COMMENTARY ON A CASE OF AORTIC DISEASE.

(Being one of the Papers obtaining the Gurney Hoare Prize, 1890.)

We have here a typical case of aortic incompetence with well-marked symptoms and secondary effects. Let us first consider the heart itself. The increase of the cardiac dulness downwards and outwards beyond the nipple, together with the position of the apex beat in the 7th space would point either to hypertrophy and dilatation of the left ventricle, or else to displacement downwards and outwards of the whole heart by some intra-thoracic tumour, *e.g.*, aneurism. The extraordinary prominence and force of the cardiac impulse would point unmistakably to the former condition, but at the same time would by no means exclude the latter (tumour).

The increase of cardiac dulness beyond the right border of the sternum and below the third rib, would point to dilatation of the right auricle.

Let us now consider the cardiac bruits.

Of these the most important and most distinct of all was the diastolic.

The diastolic bruit heard over the 2nd right costal cartilage undoubtedly denoted aortic regurgitation; the diastolic bruit at the apex could scarcely mean anything else, and the two could be almost traced into one another. That the bruit should be traceable into the axilla and to the angle of the scapula followed as a consequence of its great loudness. If we define a thrill as "a bruit so loud that it can be felt" (*i.e.*, the vibrations producing the sound are so forcible and of such amplitude that they can be felt), it is not surprising that a diastolic thrill was found at the apex.

The position of the "to and fro" murmur at the 2nd right costal cartilage proclaimed its aortic origin. A systolic bruit in this situation may be due to aortic stenosis, here improbable; roughening of the semi-lunar valves; or extreme atheromatous roughening of the aorta, the last being the probable explanation.

The "see-saw" murmur heard over the *left* 2nd costal cartilage was almost certainly the aortic bruit transmitted, for it was comparatively faint and grew louder as it was traced towards the right.

The systolic bruit and thrill at the pulsating swelling at the root of the neck is a common symptom of aneurism.

As to the cause of the aortic regurgitation, it may have been due to—

a. Primary cardiac dilatation such as may occur after severe illness, especially scarlet fever. This cause is scarcely worth considering, though patient had had scarlet fever as a child.

b. Endocarditis after acute rheumatism. Patient was never known to have had rheumatism, but this disease may follow scarlatina without giving rise to much joint trouble and, especially in children, may pass quite unnoticed. However, of all valvular forms of heart disease not occasioned by acute rheumatism aortic incompetence is the commonest.

c. Primary aortic dilatation (primary in the sense of preceding the heart affection).

d. Aneurism of the ascending aorta.

The diagnosis lay between these two latter conditions and, for reasons shortly to be given, aneurism was thought more probable.

Causes of aneurism.

Atheroma.—The patient's successive occupations—soldier, signalman, and brewer's drayman—entailed just the heavy straining kind of work well known to cause atheroma. In the last employment alcohol may have had a secondary effect.

Syphilis, a frequent cause of aneurism, the patient denied ever having had, and there were no signs of the disease about his body.

Embolism.—A vegetation swept off a valve may occlude some artery, *e.g.*, a coronary, and an aneurism form behind it. But we have no reason to suspect a previous endocarditis, and this view is altogether improbable.

Traumatic origin.—Besides these well-recognized causes there is another and more disputed one. The patient himself attributed his disease to the blow on the chest that he received when a signalman, though it will be observed that an interval of two months elapsed between the injury and the onset of definite symptoms. Several such cases have been recorded and usually set down to mere coincidence; here is a case in point, which, however, seems to me to admit of no such interpretation. F. E., a young healthy man, with no suspicion of heart trouble, was kicked in the præcordium by a horse. For some time he was collapsed, and from that day was subject to ingravescent angina and pressure

symptoms, and years after died suddenly of "heart disease."

Whatever the exciting cause, once the disease started, it is easy to see how aggravated would be the patient's condition by his work as a brewer's drayman. The sudden straining efforts involved in lifting heavy barrels would be eminently calculated to hurry on the disease.

The transient hemiplegia occurring a few months before admission may have been due to cerebral embolism, or perhaps to hæmorrhage with rapid compensation by anastomosis. Or may it possibly have been a reflex paralysis, a neurosis, due to the pressure effects of the thoracic tumour? Paralysis, usually ingravescent paraplegia, may be caused by an aneurism eroding the bodies of the vertebræ and pressing on the cord; but of course transient paralysis could not be caused in this way, nor would the arm be affected.

* * * * * * *

Many of the patient's symptoms pointed to some lesion further than mere valvular trouble, and to account for them I shall endeavour to prove—

First: That there was an intrathoracic tumour;

Secondly: That the tumour was an aneurism;

Thirdly; That the aneurism was one involving the *ascending part* of the aorta.

a. Intrathoracic tumour.

1. Percussion along the right border of the sternum gave a partially dull note over an area of 1½ inches wide; moreover, percussion over this area caused suffocative pain and distress; therefore not a mere local thickening of the thoracic well causing a little dulness, but evidently something more deeply seated.

2. On July 27th a non-pulsatile swelling was observed in 1st right interchondral space, and on August 2nd a pulsating tumour in 3rd space.

3. The apex beat was much displaced downwards and outwards. This was probably due entirely to ventricular hypertrophy, but was quite consistent with the view of a tumour at the base of the heart.

4. Pressure effects. *Pain* was severe at level of 3rd right rib, shooting straight through to angle of scapula. *The fits of coughing*, evidently not due to lung disease, might have been set up by pressure on a bronchus or on the phrenic or vagus nerves. But there was *no œdema of one arm*,* indicating pressure on a main vein, and no deficient entry of air into one chest, indicating serious pressure on a bronchus.

b. Aneurismal nature of the tumour.

1. The fact of the dulness being traceable on the one hand up to the obvious aneurismal dilatation at the root of the neck, on the other down into the cardiac dulness, is very suggestive.

2. Intense character of the pain more like that of aneurism than of any ordinary thoracic growth, *e.g.*, gumma.

3. The condition of the heart, which we have shown above, must have been caused by either dilatation or aneurism of the aorta. Mere dilatation of the aorta would hardly be consistent with the pressure symptoms, which are directly in favour of aneurism or growth.

4. The difference between the two radial pulses showed that some portion of the arterial track between the aortic arch and the wrist was affected unsymmetrically on the two sides; the presumption being either that an aortic aneurism was exerting direct pressure on the subclavian, or that the obvious dilatation of the innominate had caused a cavity sufficiently large to account for the retardation of the pulse and the loss of the "percussion stroke" as registered by the sphygmograph and felt by the finger.

5. Systolic bruit and thrill felt at root of neck.

c. Having, I hope, established the presence of an aortic aneurism, let us now proceed to localise it more exactly. Aneurism may occur in the 1st, 2nd or 3rd part of the arch: in this case it occupied the first or ascending part, for—

1. Commoner situation than second or third parts.

2. If it had involved the second or transverse part, where so many important structures are likely to be pressed on, we should have expected more pressure effects. There certainly was paroxysmal dyspnœa and cough, showing pressure on the vagus or on a main bronchus, and there certainly was "mucous expectoration tinged with blood," but this may have been due merely to the violence of the cough. But, on the other hand, there was no paralysis of the vocal cords, *i.e.*, no implication of the recurrent laryngeal N.; no hæmoptysis (pressure causing ulceration in trachea or bronchus); no dysphagia (pressure on œsophagus); no œdema of one arm or dilatation of superficial veins (pressure on main venous trunks); no irregularity of the pupils (implication of sympathetic); no "brassy voice"; no hiccough (phrenics).

3. If the aneurism had involved the third part of the arch it would almost certainly have pointed backwards, probably eroding the vertebræ and causing excruciating agony, perhaps pressing on the cord and causing paraplegia, perhaps pointing on the surface of the back.

4. On the other hand, if we suppose the aneurism to have been in the first part of the arch, the patient's symptoms are all easily explained. Thus aneurism here would cause aortic regurgitation, would "point" in the second right space, would cause dulness along the right of the sternum, would affect the innominate rather than the left carotid and subclavian arteries, and finally, would cause comparatively few "pressure symptoms."

Taking all these facts into consideration, I think we may fairly claim to have proved—

a. That there was an intrathoracic tumour.

b. That the tumour was an aneurism.

c. That the aneurism was of the ascending part of arch of the aorta, extending as high as the point of origin of the innominate, and involving that artery probably by dilating it and pushing it upwards. The affection of the heart was probably secondary to that of the aorta.

* This, like blood-stained pleuritic effusion, is a sign rather of growth than of aneurism, though it may in very rare cases result from the pressure of the latter.

Having, then, fully considered the symptoms and diagnosis, let us dwell for a moment on the pathology and prognosis, and then pass on to the treatment.

The aneurism was probably a "false" one, *i.e.*, the wall of the sac would be composed, not of the dilated arterial wall, but, in part at any rate, of the condensed tissues around. The tendency of such an aneurism is to "point"; and in so doing it will eat its way through any tissue that comes in its path, the ribs, the sternum, and even the vertebræ, being speedily eroded before it. The natural explanation of this erosive action seems to be that of Zeigler. He has shewn that aneurismal wall is coated except at one spot by laminæ of clot: at this spot the wall of the aneurism is composed of the surrounding tissues alone, and here the blood-plasma infiltrates, there being no lining intima intervening. Now, *plasma*, unlike serum, sets up a sort of necrotic process wherever it touches, and eats through a tissue like a malignant growth. Probably this process, as well as the pressure exerted, would account for the intense pain of aortic aneurism.

The starting point of the aneurism in atheroma has been already considered.

The *prognosis* as regards the aortic regurgitation was bad, as regards the aneurism, worse. Of all forms of valvular disease, aortic incompetence is that most liable to lead to sudden death. When a to-and-fro aortic bruit is heard, the more distinct the systolic as compared with the other bruit the better the prognosis, the more prolonged the diastolic, the worse: in this case the latter markedly predominated.

Finally as to *treatment*. The results of this case are a splendid testimony to the efficacy of aconite. Space forbids the discussion here of the various therapeutic agents employed: suffice it to say that the pharmacopœia was ransacked to furnish an efficacious drug, until at last, as a forlorn hope, aconite was tried. The effect was marvellous; the patient, who a few days before had been sitting propped up in bed, worn out with pain, and actually afraid to go to sleep, was able to wake in the morning refreshed by a good night's sleep, and walk about the ward. The drug acted by depressing the heart, lowering the blood pressure, and blunting the sensibility; its tonic effect was noticed after some time in the dryness of the mouth.

Not the least important part of the treatment, so far as the prognosis was concerned, was the caution given to the patient on his discharge to avoid excitement, hard work, and excess in all things. It will be observed that the treatment was mainly symptomatic, little attempt was made to *cure* the aneurism. Many methods have been adopted to secure this end with more or less success, especially less; Valsalva advocated bleeding and starving, Tuffnell starving and rest. On this latter point Dr. Wooldridge spoke with no uncertain voice—"Starving the patient certainly makes the blood *less* likely to clot, while feeding, especially with fats, acts the other way." Strict limitation of liquids is generally supposed to favour clotting, while iodide of potassium has been much lauded and as much decried: in this case no trial was made of either plan. The results of surgical treatment could hardly be satisfactory in a case like the present, and again aneurisms are frequently multiple, so that, even when one has happily been cured, another is likely soon to become troublesome.

The results of this case then point, not to aconite as a specific for aortic aneurism, for in many precisely similar cases it fails entirely, but as a remedy well worthy of trial in a terrible disease, hard indeed to treat, and harder still to bear.

ARTHUR S. WOHLMANN.

PROTOPLASM.

A Paper read before the Guy's Hospital Physical Society, February 21st, 1891.

(*Concluded.*)

These observations appear to me to throw a light upon contractility, which may be defined as a special power possessed by certain organisms and organs of altering their shape in a particular manner. The movements of amœba and also of the motile droplets of Bütschli are due to changes in shape. The movements of the one so closely imitate those of the other, that the phenomena, according to Bütschli, are almost identical. The general structure of the two, with the exception of the nucleus, which is not always present, is the same. In the case of the artificial amœbæ, the bursting and coalescence of globules cause changes in the surrounding membrane, which bring about alteration in form and motion. In other words, the phenomena are due to the special structure which is common to both. And hence I would suggest that this also is the mechanism of the natural spontaneous motion, and that the movements of the amœba are due to the same physical phenomena, subservient to the influence of life. I would go still further, and say, that this is the fundamental mechanism of all protoplasmic movements, be they the contraction of a striated muscle, or the streaming of intracellular protoplasm. The impulses causing motion, be they due to the automatism of the undifferentiated substance, or motor impulses transmitted from the central nervous system of the more highly evolved being, are capable of regulating the bursting, the coalescence, and the return of the globules to their original state, to such an extent as to render this simple mechanism a perfect machine. This would be but another instance of that power possessed by living organisms of making use of, and at the same time modifying, the laws which govern inorganized substances; that power, which renders so untenable any purely chemico-physical view of vital processes. This view would explain the movements in plants such as those of the retractile stamens, and would remove the difficulty with regard to the bending of fungal hyphæ. The movements are now described in multicellular tissues as being due to variations in turgidity.

In fungal hyphæ (chains of single cells), it is thought to be sufficient to say that it is evidently a different mechanism, but due, like the other, to molecular changes in protoplasm, that on concave side becoming more motile. Changes have been seen taking place in the protoplasm, and to me it appears evident that these are the visible effects of changes such as I have described above. If this view be accepted, and the identity of the mechanism of the movements of animals and plants be recognised, another barrier to the appreciation of their analogies will be removed.

I have repeated Bütschli's experiments, and have succeeded in obtaining forms strongly resembling amœba in appearance, but up to last night had not been able to reproduce amœboid movements. But this morning my preparations exhibited a curious streaming protoplasmic-like movement, and one small mass distinctly changed its position. The movements only lasted a few minutes. Bütschli says that many experiments are often necessary before the required result is obtained.

Following a suggestion of Mr. Collier's, I have experimented with other emulsions, and have been surprised with the wonderful and beautiful appearances produced. In many cases the forms strongly resembled vegetable cells with membrane nucleus, nucleolus, and granules. Many, in fact most of the figures, were bounded by a membrane curiously creased so as to give an appearance of radial striation. The commonest forms I have attempted to show by means of diagrams. My powers of draughtsmanship, however, were not equal to representing the creased limiting membrane. So striking were the resemblances to many organisms and cellular contents, that it appeared to me probable that the nucleus has originated in a process of emulsification, the original accidentally large enclosed globule having become a permanent organ. In my opinion, the study of the cell and protoplasmic structure will be much furthered by a careful investigation of fine emulsions; and I hope in the future to be able to give this Society better information upon this most interesting subject. Up to the present time I have only examined fine emulsions of senega and olive oil, a drop of which was mounted and examined in water.

During the last few years numerous attempts have been made to show that the granules in protoplasm have very important functions, and are indeed the specially active agents. Schmitz and Strasburger described in vegetable cells what they called microsomata, which were seen to take up their position wherever a cell wall or deposition was to be found. Numerous other more theoretical views have been put forward with regard to cell granules; but the most recent, and certainly the best, are those of Altmann.* He argues that the cell is not the morphological unit that it is generally regarded as being. Certain non-nucleated protozoa and bacteria do not come under the definition of a cell—even that of Schultze—a mass of protoplasm containing a nucleus. Again, the cell is very complicated All cells contain granules. He, therefore, argues that the cell granule is the unit of the organic world, as the crystal is of the inorganic. And he puts forward the dictum, modelled upon, but more advanced, than that of Virchow, "Omne granulum e granulo." But he goes still further, and shows how cell granules and micro-organisms react similarly to stains, and figures, forms and arrangements of granules which closely resemble various forms of the schizomycetes—*e.g.*, threads similar to the spirillum form are found in the frog's liver. He mentions the striking fact, that granules long regarded as such in the cells of a certain plant, have been shown to be actual bacteria. And, again, he refers to Metzner's curious observations, that the granules found in a frog's liver in phosphorus poisoning resemble in a remarkable manner shrivelled bacteria of many kinds. On these grounds he declares that, "Micro-organisms and cell granules are equivalent, and represent elementary organisms." To them collectively he gives the name "bioplast," and regards them as the morphological unit of living matter. All cells, even the apparently hyaline, contain granules, as can be shewn by special methods of staining; sometimes arranged in rows to form fibrillæ, as in muscle, &c., and sometimes less regularly arranged, but always linked together by some indifferent hyaline substance. In micro-organisms we find similar appearances. Sometimes they form an irregular mass of jelly, the so-called zoogloea form; at others, linked together, they form long threads. His illustrations show in a remarkable manner the resemblances between cell granules and bacteria. I have attempted by means of rough diagrams to give some idea of the appearances presented. I have tried to represent the spirillum form found in frog's liver; the chain-like arrangement of bioplasts making up the striæ of epithelial cells, and the thread-like groups in nerve cells. His deduction I give in his own words—"We can, therefore, define protoplasm as a colony of bioplasts, the separate elements of which are grouped and bound together by an indifferent substance, either in the form of zoogloea or in chains."

That the granules are not capable of cultivation out of the cell he regards as no disproof of his theory; for it is impossible to reproduce artificially the conditions of intracellular life. And on this ground also he draws attention to those precautions which are absolutely necessary to obtain a good growth of the tubercle bacillus, and the particular conditions under which alone it will flourish. He does not consider that the cells are actually produced by the aggregation of micro-organisms; he still holds to the dictum, "Omnis cellula e cellula"; but considers that cells have evolved from such collections, and that the zoogloea form of bacteria may be regarded as the first stage in the phylogeny of an organised living structure. The bioplasts have adapted themselves to their several conditions of life. The intracellular arise and perish with their cell, whilst bacteria have a free and independent existence. I may, perhaps,

* Die Elementarorganisme.

compare their relations with those between amœba and the white corpuscle.

Certain botanical researches throw some light upon this extremely original view. Ever since the days of Boussingault it has been taught that plants could not absorb free N. Latterly, however, it has been shown that there are exceptions to this rule. The leguminosæ can make use of the atmospheric N. Quite recently it has been shown that this power is due to certain bacteria which live in the cells of tubercles on the roots. These bacteria have not yet become an integral part of plants. but minister to the wants of the organism. They may be perhaps regarded as a transitional stage between actual cell granules incapable of living apart from the structure of which they form part and ordinary micro-organisms. What a grand thing it would be if we could tame, and so to speak domesticate, some wild and rampant pathogenic organism, and making him live in some retired part of our economy, and so acquire some new function. For this, to a certain extent, the wily leguminosæ have done.

And now, gentlemen, what is protoplasm?

Dr. Fletcher says that his vital substance is not a mixture of the substances generally found on analysis, nor is it an ordinary chemical compound; but it is a substance combined in a manner *sui-generis* which on dying breaks down into those substances—albumen, fibrin, myosin, fats, &c.—which may be demonstrated chemically.

Dr. Wooldridge,* in his lecture on "Blood Plasma as Protoplasm," expresses the same idea. He draws attention to the difference between shed blood and that still within the vessels. Blood and the lining of the vessels he regards as a protoplasmic unit, and shed blood dies like an amputated limb. Plasma is protoplasm, and as such a special substance, not a mixture of paraglobulin, fibrinogen, blood ferment, &c. Coagulation arises from the interaction of these substances formed when plasma ceases to be protoplasm. In his own words—"It is the passage from life to death. We cannot hope to explain all the chemical processes which accompany that great change."

After the work of fifty years, our own brilliant and daring thinker, Dr. Wooldridge, returns to the chemical views of Fletcher. Bütschli has revived von Mohl's idea of protoplasm as a froth; and the latest theory, that of Béchamp, returns to that of Schleiden, that cells are actually formed by an aggregation of granules. Thus on all fundamental points we have not advanced.

Gentlemen, in protoplasm resides that subtle principle, which we call life; of its nature we know nothing, and the very fact that we live precludes us from being able to conceive what, and like to what, this principle is. And hence we shall never know the whole truth about this most wonderful of all substances.

TOM R. TAYLOR.

* Arris & Gale. Lecture, 1883.

GUY'S HOSPITAL STUDENTS' CLUB.

The Annual Meeting of this Club was held in the Chemical Theatre on Wednesday last, when the chair was taken by Mr. Durham. The Treasurer's Report and Balance Sheet were received and adopted. The following Committee was elected for the ensuing year:—

Messrs. F. M. Russell, A. Allport, G. A. Skinner, L. E. James, R. H. Fagge, and the Senior Charity.

Mr. G. Sichel was appointed Auditor. The Library Bye-laws as suggested by the Committee were confirmed. Vote of thanks to the Committee and to Mr. Durham as Chairman terminated the proceedings.

Statement of Receipts and Disbursements from April 1st, 1890, to March 31st, 1891:—

1890. RECEIPTS.	£	s.	d.	£	s.	d.
April 1.						
To Balance in hands of Treasurer	161	4	11			
,, Petty Cash Balance in hands of Secretaries	3	4	0			
				164	8	11
,, Subscriptions received—						
April	12	3	6			
May	24	8	6			
June	5	13	6			
July	4	2	6			
August	1	5	0			
September	46	7	6			
October	143	0	0			
November	32	18	6			
December	9	10	0			
January	9	2	6			
February	2	10	0			
March	1	5	0			
,, Dr. Ince's subscription, per Mr. Symonds	1	1	0			
				293	7	6
,, Loan from School Fund				100	0	0
,, Cash, Furniture a/c per College Committee, being price given for Linoleum and Wenham Lights...				33	18	2
,, Cash, per Gymnasium a/c—						
Subscriptions	32	5	0			
Lockers	3	15	0			
Nett gained by Display ...	1	11	6			
				37	11	6
,, Cash, Sale of Wine, Beer and Tobacco in Club				285	18	4
,, Cash, Sale of Papers				1	4	6
				£916	8	11

1890. DISBURSEMENTS.	£	s.	d.	£	s.	d.
April 1.						
By Furniture Account				283	18	3
,, Magazines and Newspapers ...	39	14	8			
,, Printing and Stationery ...	24	13	0			
,, Honorarium to Surveyor ...	5	0	0			
,, Insurance	0	12	0			
,, Interest on Loan	5	16	3			
				75	15	11

By Gymnasium Account—			£	s.	d.	£	s. d.
Shower Bath			23	0	0		
Cleaning			1	4	0		
Brass Plate			1	18	0		
Gas Meter			2	7	9		
Sundry Expenses			12	10	0		
						40	19 9
,, Cost of Wines, Beer and Tobacco						191	4 4
,, Rent account						122	6 9
,, Steward's Allowances						94	14 0
,, Clerical Expenses						14	3 6
,, Balance at Bankers			89	8	1		
,, Petty Cash, Balance in hand ...			3	18	4		
						93	6 5
						£916	8 11

Audited and found correct,

E. W. GOODALL.

June 4th, 1891. G. SICHEL.

TREASURER'S REPORT.

The Balance Sheet shows, that at the end of the financial year, the Club had nearly £90 in hand, and it will be seen that we paid £122 in rent, an item which appears for the first time. Since the end of March we have received £61 15s. in subscriptions, half of which being paid to the College Committee as rent, we have, at the present time, £108 13s. 6d. in hand. We propose to repay £27 10s. to the School, reducing our loan to £150, and leaving us £80 for current expenses.

The Gymnasium has been furnished and fitted with all the modern appliances through the liberality of Dr. Pavy, and already a large number have joined, and the finances of this branch of the Club are in a very satisfactory condition. It will be seen from this short summary of the year, that the Club is more popular than ever, and is continuing to meet a long felt want.

During the year that has passed, the Library has been opened and stocked with books, and it is hoped by the Committee that its attraction will induce a larger number to become subscribers. There are at present 528 members in the Club, of whom 203 are life members; 73 annual members having, during the year, paid the composition fee.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE AMALGAMATION OF CLUB FUNDS.

SIR,—I am surprised to see that no letters have been written you upon the proposal in your last number but one—or is it possible that a sense of modesty prevents your inserting them?

The advantages of the scheme for amalgamating the funds and subscriptions of the athletic and other clubs for students in Guy's are lightly alluded to by you in your article. But they deserve more than light allusions, and will probably need it in order to move the fancy of your public. I shall not be able to speak convincingly for want of the necessary figures. It is altogether a matter of figures, but it is my belief that were you but able to lay before your readers the figures you would carry them with you. From my own experience, however, of a similar reform elsewhere I can speak, as I was at the time treasurer of the principal club concerned. The subscription to that club alone before it was amalgamated with five others, was the same as the subscription to the whole of the six after the amalgamation.

Till we see the figures we cannot really be sure whether we shall be better off or not. But there are certain points on one side and the other which we should get clear. In the first place as you say the saving of time will be immense. There are some, conspicuous for their energy and address, who are content to exercise these virtues, and to spend much time in arguing with reluctant freshmen the merits of the particular club in which they are interested. This is more than waste of time, it is a petty tyranny. The result being that our clubs are paid for by a certain number of those interested in them, but on the whole more by the first pliable and good-natured people who fall in the path of the collectors. And that it is felt to be so by the majority of the collectors themselves I believe it would be easy to prove. In the second place, therefore, we must remember that the burden would be more equally distributed by the new scheme. As it is a club whose ambition is limited by an annual expenditure of £10, sends out collectors who collect 5s. from the first 40 men whom they can make pay. Little if any trouble is taken to see that the 40 subscribers are those most interested or most able to pay. If that £10 were collected equally from 400 students it would amount to 6d. a head. No one would escape payment, no one would pay more than his share. Everyone would feel more pride and interest in the success of the Hospital representatives. I think, lastly, the cheap rate at which membership of the clubs would be available would make it worth the while of the great majority to belong to them all.

This point must be taken in connection with the first and most valid of the arguments against the scheme. It is said, "oh, of course, for those who are moving in the matter, who probably subscribe to nearly all the clubs or at least all those whose collectors they come across, it would be a great saving." But how about those who do not take an interest in any, or those who are really unable to afford to belong to any or more than one or two?

Now as to those who merely do not take an interest in the clubs, or from some motive pretend not to, these are the people who should be made to see the error of their ways, and who would really profit by the scheme by being taught to join in the Hospital *esprit de corps*.

As for those unable to join any, why they will still presumably be allowed to pay to none. It is not, I

imagine, proposed to stipulate with every intending Student of the Hospital that he should enter and subscribe to all the clubs, before he is allowed to enter at the Hospital. The case of those who at present cannot afford to pay to more than one or two is the crucial case. And it is necessary to ascertain how many of these there are; possibly it may be necessary to make arrangements by which certain clubs or groups of clubs could be subscribed to separately—at, of course, a proportionately higher rate, though not higher than the present rate. But it must be borne in mind that these people by paying a certain sum above what they pay at present would be enabled to join all the clubs, whereas at present they could for that sum only join one or two extra clubs. The former opportunity they might well consider worth the money, although they do not consider the latter. This is the economic view of the question. The price of membership would be so reduced that it would be brought within the means of the great majority, and the great majority would be glad to be members at the reduced rate.

A second objection has been made that the individuality of the clubs would be lost by the merging of all the funds in one, and you, sir, seem to be weak on this point. You say that all responsibilities would be removed from the shoulders of Secretaries and Treasurers, and the latter would cease to exist. As a matter of fact it would be just the reverse. The officers at present are not responsible to anyone; they form their own rough estimates perhaps, and then see how much they can get. If they don't get all they want, then there is a deficit, and no one complains. No one has a right to complain with such a haphazard system. Under the proposed system there would be an amalgamated committee who would see that each treasurer made a careful estimate, and while they insisted on his paying all the bills of the club for the year of his office, he would be guaranteed enough money. He would be able to spend some of the time he now devotes to collecting funds in attending to the finances of the club and getting them really in hand. The responsibilities of the treasurers would not cease to exist, they would come into existence—they would be under the supervision of the committee, and yet they would spend less time more profitably and more agreeably than they do at present. How is this to stifle and stamp out the individuality of any club?

Others, lastly, have said that there will be new clubs of all kinds cropping up and claiming to be supported by the general fund. I do not believe that students at Guy's are unreasonable. If a certain number of students find that Guy's is not represented in some worthy sport, and wish that it should be, all the students of Guy's would, I believe, be glad to assist the few in this object, as they themselves are assisted by the few in the representation of Guy's in other already established sports. But we need not be afraid that a generation will arise who would wish to establish a gaming club with a pool guaranteed by the committee, or if it did that we should not be able to bring it to its senses.

I am afraid I have been much too long, considering that without figures we can form no conclusion. Could you not obtain for us from the treasurers—

The average expenditure of each club for the last five years;

The average number of subscribers to each club;

Then we could do our own sums and judge for ourselves.

—Yours, J. LEATHES.

Our Note Book.

All communications for this column should be signed and placed in Editor's box on or before the Monday in the week in which the Gazette *is issued.*

We shall also be pleased to insert criticisms on any of the notes printed.

The following table gives the more important distinctions between a soft non-specific Chancre and a specific Sore:—

Soft Local Chancre.	Syphilitic Infecting Sore.
No incubation.	Incubation about three weeks.
Starting point of sore often a pustule.	Starting point usually a pimple.
Ulceration early and active.	Ulceration may be absent—never active.
Discharge copious and purulent.	Discharge scanty and serous.
Induration absent.	Induration usually present.
Often multiple.	Rarely multiple.
Nearest glands inflame and suppurate.	Nearest glands become shotty, bullet-like or amygdaloid.
Discharge inoculable on patient.	Discharge not inoculable on patient.
Source—a similar sore.	Source—a like sore—a mucous patch or condyloma.
Remains a local disease.	In 1, 2, or 3 months a constitutional disease follows.
Seldom seen away from the genitals.	Not infrequently found away from the genitals.
Patient may or may not have had Syphilis.	Patient has not had Syphilis.
Patient may have it repeatedly.	Patient has it only once.

A ganglion is a hernia of the parietal layer of the synovial membrane, through the fibrous tissue.

A patient suffering from pleurisy always lies upon the affected side in order to give the sound lung as much room as possible.

Passim.

We issue with this number a Special Cricket Supplement, containing full reports of all the matches played by the Hospital during the past month.

Our next number will contain a portrait of Mr. Shaw-Stewart, who will distribute the prizes on Wednesday week, and of Messrs. Bryant, Rake, and other of our principal prize-winners.

A memorial in favour of the amalgamation of our numerous clubs and societies has been largely signed by the students, and will be presented at the School Meeting

We most heartily congratulate Mr. J. H. Bryant on his double honours. It is a very rare thing for one man to carry off both medals, and it betokens no ordinary merit in the man himself.

The sum of £9 6s. 6d. has been handed to Mr. Lushington by the Treasurers of the Resident's Dance Committee as a contribution to the Samaritan Fund of the Hospital.

We congratulate our Tennis Club on having won the Inter-Hospital Challenge Cup, and are sorry that a press of news prevents our publishing the details of the matches until our next number.

We heartily congratulate our old subscriber, contributor, and colleague, Mr. W. H. Drew, F.R.C.S., on his election as Surgeon at the head of a long list of candidates for one of two vacancies at the Croydon General Hospital. We are informed that Mr. Drew obtained the almost unanimous vote of a large Lay Committee as a mark of appreciation of his past services to the institution as House Surgeon.

We are glad to see the note in the *Lancet* of the 20th explaining the error in the published accounts of our Hospital for last year. Having had some experience in the curious natures of printers' devils and the like we can heartily endorse the verdict of the *Lancet*, but wonder our contemporary did not at once write and point out the mistake.

By the death of Dr. Henry Gawen Sutton not only does the London Hospital lose a valued teacher but Guy's is deprived of a successful pupil. Having taken his M.B. at London University in 1858, Dr. Sutton worked for some years both in the wards and in the pathological department of our Hospital, and so acquired his knowledge of pathology, to which he practically devoted himself for the remainder of his life.

The accounts of the Hospital for the year ending Lady-day last were presented to the Governors at a recent meeting of the General Court, when it appeared that the expenditure upon the Hospital had been £39,219 9s. 9d. Towards this sum there was available (as the net rental of the Hospital property) £24,500, together with the interest on the remaining balance of the "Special Appeal" Fund, producing £2,170, and various unassured sources of income amounting to £5,765, being a total of £32,435. The deficiency (£6,784) had to be made up from the capital of the "Special Appeal" Fund.

We are pleased to notice that our friends at Stoke Newington are still liberally disposed towards the Hospital, having, through the Vicar and Churchwardens of St. Andrew's Church, sent us the morning offertory on Hospital Sunday, amounting to the handsome sum of £86 5s.

The death of Sir Robert Fowler, makes a third vacancy in the list of Governors, the two others being caused by the death of Mr. R. C. L. Bevan and the resignation of Right Rev. Dr. Harold Browne, late Bishop of Winchester.

HOUSE APPOINTMENTS.

Commencing July 1st.

House-Physicians.

J. H. Bryant, M.B., B.S. Lond.
C. McG. Kitching, M.B., B.S. Lond.

House-Surgeons.

T. G. Stevens, M.B., B.S. Lond.
F. Wellford, M.B. Cantab.

FORTHCOMING EVENTS.

June 27. Cricket Matches:—Guy's (1st) *v.* Rickmansworth. Guy's (2nd) *v.* Wimbledon School.

July 1. Last day for sending in Gurney Hoare Prize Essays.

October Appointment List opened (not for November dresserships).

„ 2. Second Conjoint Examination begins.

„ 3. Applications to be made for Schedules for 1st Conjoint Exam.

„ 4. Cricket Match:—Guy's (1st) *v.* Upper Tooting.

„ 7. Last day for applying for H.P. and H.S.

„ 8. Prize Distribution.

„ 11. 3rd Conjoint Examination. October Appointment List closed.

GUY'S HOSPITAL STUDENTS' BIBLE CLASS.

The subscription list being raised by some old friends of Walter Fisher, who is working as a medical missionary at Bihé, West Africa, for the purpose of sending him out drugs, &c., will close on Saturday, July 12th.

Subscriptions to be sent to either H. Richardson or F. J. Coleman, Guy's Hospital.

Obituary.

Brigade-Surgeon Watkin Sandom Whylock, late 38th South Staffordshire Regiment, died at Folkestone on the 12th inst. He received his medical education at Guy's Hospital, entering the service as Assistant-Surgeon, December 25th, 1852, he became Surgeon, January 14th, 1862, and Surgeon-Major, November 6th, 1872. He was granted retired half-pay, with the honorary rank of Brigade-Surgeon, January 3rd, 1881. He served with the 75th Regiment at the Siege of Delhi and at the Battle of Budlekesserai, where he killed two of the enemy, one in close combat, saving thereby the life of a European soldier (medal and clasp). He was Sanitary and Senior Medical Officer of the Derbund Field Forces of the Hazara Campaign of 1868. He served in the Afghan War of 1871–80; was Senior Medical Officer in Brigadier-General Biddulph's march on Quetta; was present at the surrender of Candahar; and was principal Medical Officer under Lieutenant-General Hughes in the advance on Guzni, and afterwards to Major-General Hill's Division; was present at the engagement at Ahmed Kheyl, and some minor affairs (medal and clasp).

EXAMINATION PAPERS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Diploma of Fellow.—First Examination.

Anatomy.—1. Describe the attachments and relations of the following Muscles:—Supinator Brevis; Quadratus Femoris. 2. Describe the right Auricle, and indicate its relations to the other parts of the Heart. Give an account of the development of the right Auricle and of the Veins opening into it in the adult. 3. Describe the course, relations, and distribution of the following Nerves:—Right Recurrent Laryngeal; 12th Dorsal; External Plantar 4. Describe the Occipito-atloid Joints and their ligaments. Classify the muscles acting on these joints, and state how the movements are limited.

Physiology.—1. Review the more important theories concerning the mode of secretion of Urine. Give your reasons for adopting and excluding those you support or reject. 2. Describe in detail the structure of the grey matter of the Spinal Cord. Give a theory of co-ordinate reflex action, and support it by facts resting on experimental evidence. 3. Describe the structure and development of the refractive media of the Eye. Explain the production of a distinct image on the retina. 4. What are the relative proportions of the gases found in Arterial and Venous Blood? What are their relationships to the various constituents of the Blood? How can these relationships be demonstrated?

RECENT PUBLICATIONS.

Bowles, R. L., on Stertor Apoplexy and the management of the Apoplectic State. Crown 8vo., 4/6.

Landois' Text Book of Human Physiology, translated from the 7th German edition, with additions by W. Stirling. 4th edition, 2 vols., Royal 8vo., 42/-.

Lewers' Diseases of Women. 3rd edition, Crown 8vo., 10/6.

Meadows' Prescribers' Companion. 6th edition, by C. E. Armand Semple. 32mo. 3/6.

Parker's Diphtheria, 3rd edition. Crown 8vo., 6/-.

Wanklyn & Chapman's Water Analysis, 8th edition. Post 8vo., 5/-.

Woodhead's Bacteria and their Products. Post 8vo., 3/6.

LIST OF BOOKS ADDED TO LIBRARY.

The following Works have just been added to the Library :—

PRESENTATION.

Goodhart's Diseases of Children. By the Author.
Galabin's Midwifery, 2nd Edition. By the Author.
Graily Hewitt's Severe Vomiting during Pregnancy. By the Author.
Wharton Jones' State of the Blood and Blood-vessels in Inflammation. By the Author.
Collier's Physiology of the Vascular System By the Author.
Mourão Pitta's Madére. By the Author.
31 Volumes Proceedings of the Royal Society, 1867 to 1889. Dr. Stevenson.
Minutes of the Sanitary Institute, Vols. X. & XI. Dr. Stevenson.
Discussion on Anæsthetics—Medico-Chirurgical Society of Glasgow. The Editor, Dr. Downie.

Chinese Medical Reports.
Recent Reports to the Scientific Grants Committee, British Medical Association.
Minutes of the Senate, London University, 1890.
General Register, London University, 1891.

PURCHASED.

Greig Smith's Abdominal Surgery, latest edition.
Walsham's Surgery, latest edition.
Ray Lankester's Reprinted Articles from the Encyclopædia Britannica on Hydrozoa, Mollusca, &c., &c.
James's Psychology.
Billroth's Clinical Surgery.
Quain's Anatomy, Vol. I., Part II.
Bruce's Materia Medica, latest edition.

Marriages.

HOGARTH—DIAMOND.—On April 23rd, at Brixton, and on June 1st at St. James's, Piccadilly, Dr. Christopher Whewell Hogarth, Brixton Road, son of C. Whewell Hogarth, Esq., Morecombe, Lancashire, to Juliet Gonville, daughter of Dr. Warren Diamond, Streatham Place, S.W., and grand-daughter of the late Sir E. de Gonville Bromhead, Bart., and Hugh Welch Diamond, M.D., F.S.A.

WACHER—FREND.—On June 11th, at St. Margaret's Church, Canterbury, Sidney Wacher, F.R.C.S., to Margaret Caroline, only daughter of the late George Royle Frend, of Canterbury.

Deaths.

KEMP. — On the 21st ult., at Worksop, Notts, of influenza, the wife of G. Lajus Kemp. F.R.C.S. Eng., L.R.C.P. Lond.

WHYLOCK. —On June 12th, at Folkestone, Brigade-Surgeon Watkin Sandom Whylock, late 38th South Staffordshire Regiment, son of the late Major-General James Whylock.

PASS LIST.

UNIVERSITY OF DURHAM.

THE DEGREE OF BACHELOR IN MEDICINE.

CHEMISTRY AND CHEMICAL PHYSICS.

E. R. Fothergill. W. F. Miller.
W. H. Peake.

GUY'S HOSPITAL BICYCLE CLUB.

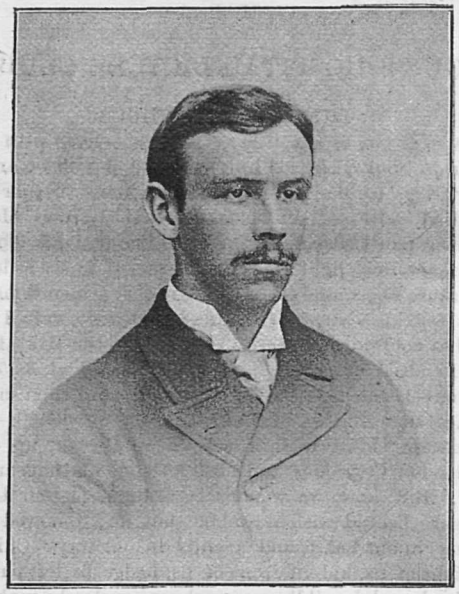
THAT 50-MILE PLUG!

9 A.M. of the eventful day, Tuesday, arrived with wind and rain—but it cleared up soon; and at 3.40 we arrived at Purley, to find competitors Fulham Turner and Pendred, with official clockers and starters Messrs. Skinner and Lacey, awaiting us. Pendred all glorious in a marvellous light grey coat, Turner in knees bedecked in Nature's best, and we in—well, in very unmentionables. But Hopkins—why no Hopkins? and echo wafted back on that cold north-easter, "Why?" To the tick at 3.47 was Pendred despatched, and we followed at 3.55, and Turner—let us hope—punctually at 4; and then ensued a race as never was before. On, on we plough—past Merstham, down Redhill with a wild rush, up on to Earlswood Common, and still no sign of that artistic grey. But now, we wonder is Fulham on our track; we gaze behind with a wobble, but no; renewed hope springs in our heart, and a child in our way. Children to right of us, kid in front of us, hedge to left; madly we back pedal, wildly we warhoop, uselessly make for that fence. The inevitable follows—a confused heap—a moaning child; we fold it to our breast—seek its parents—mop it up—waste ten minutes—and finally soothe it (but who shall say how?). Then the machine is mended with twine, and Turner looms big on the scene.

The rest is quickly told (not so the race run). We pacemake to Horsham through Crawley. See a brolley waving with "John" Duffet under it. "Where's Pendred?" "Round to the left." There sits Pen. at the Railway Tavern, surrounded by tea and sandwiches, taking everyone's share. Enter Fulham Turner one minute after; gulp down two cups of tea; all agree in blanking the roads. Hurrah! off first. Here's John with the raisins; take a pocketful. Learn that we arrived at 5.51.45; chuckle at doing half-distance in 1.56. But lo! while quietly munching, up comes Turner. Metaphorically pat each other on the back; part with my best raisins to him, and take pacemaking alternately with him. But the wind on Earlswood Common and the mud on Merstham! ———! Well, we arrived at the top of Merstham and spanked away down its home side; then the final rush and all is over. We can just see Fulham Turner in the far distance ahead, and find we are beat by 20 yards. But the crowd there to meet us, and the pleasant way in which they showed their appreciation of having to wait an hour for the finish, all true Guy's men would have thoroughly enjoyed.

G. L. E.

Special Cricket Supplement.



MR. EDGAR REID, whose portrait we give this week, entered at Guy's in October, 1888. His record as a cricketer has been a brilliant one. Educated at Lancaster, he captained the school team for some years; on leaving for his home at Swansea, he was elected captain of the Swansea cricket club, and was picked out to play for Glamorganshire and for South Wales. While playing for the former county team last year he had the best bowling average in the eleven. He played in the Cup team for Guy's in 1889, was elected captain of the team in 1890, and re-elected in 1891. He has also been selected lately to play for the Gentlemen of Surrey. His administrative powers have made him a great acquisition in this capacity, and the Hospital owes him a debt of gratitude for the manner in which he has worked up the team, always proving, by his energy and plucky determination to surmount all obstacles, a good example to all members of the eleven. In the field he throws well and is a sure catch; in batting he obtained the average of 46·4 which topped the list, and entitled him to the average bat last year. This year his batting has been good, and he has put on runs on several critical occasions when they were much needed. He must be congratulated on the powers of the present eleven, and it is to be hoped that the Cricket Cup will remain once more an adornment to our Club.

CRICKET.

In an article which appeared in the GAZETTE of 16th May, I ventured to predict that we should have an exceptionally strong cricket team to do battle for us this season. We were losing Colclough and W. G. Mitchell, but our new men were expected to fill their places with credit, and give the club material from which to draw a very good all round team.

It is most fortunate that this has proved to be the case, for, with anything but a first-class eleven, we should have fared very badly in getting through such a strong list of fixtures as we have on our card this year.

Four new men, Joyce, Francis, Shorland and Stamford, have well earned their caps and places in the cup team, and they have contributed in no small degree to the strength of our club.

We began as badly as we usually do, by getting together weak teams and being beaten in our first three matches, against Beckenham, Ealing, and Tunbridge Wells. But since then there has been a transformation scene, and out of the twelve matches played we have won eleven and lost only one. Brentwood was the team which broke in upon our long succession of wins. They played a very strong lot, including four county men and their professional; their captain said it was the strongest team the club had ever put in the field—we were very glad to hear this, as it took some of the sting out of the licking.

Surrey Colts and Bickley Park fell victims to us again this year after most exciting finishes in each case, plucky batting by Layman in the former match, and by Joyce and Tuck in the latter, put on just enough runs to give us the game. Perhaps the win most popular to our men was that against Kensington Park; they were very wrath at three or four of our men, who are also members of their club, preferring to play for Guy's; it was not a pleasant game, and we were very glad that the result left the laugh all on our side.

In the Cup matches we have won our way through the first three rounds, after thoroughly well fought matches against Barts., Middlesex, and St. Thomas's. Now we are waiting to play Charing Cross, who beat King's College in the semi-final last Monday. We have a larger pick of men than either of these Hospitals, and we ought consequently to be stronger; in any case we shall be very disappointed if we let the Challenge Cup slip out of our hands now that we have beaten the three strongest competitors.

It is not very satisfactory to review the season until all the matches are over, but it will be very fair to say that our team owes much of the success it has obtained to our strong bowling, the fact of our having got rid of such

teams as Surrey Colts for 68, Crystal Palace for 38, Streatham for 66, speaks for itself. Our batting seems to be very well distributed through the team; nobody has done wonders, and it is impossible to say before a match where the runs are coming from, but they usually come right enough when they are wanted. Another great advantage to us has been that after the first week or two we have been able to rely upon getting our full strength together for every match.

The tour bids fair to be a success, and we shall in all probability be able to take down a good representative team.

Below will be found a complete list of matches, with full scores and analysis of bowling up to date.

E. R.

CHRIST'S COLLEGE v. GUY'S.

Played at Finchley, Wednesday, May 27th. Score:—

CHRIST'S COLLEGE.

Mr. Percival, b J. B. Bettington	9
R. H. Conolly, l.b.w. J. H. Bettington	0
Mr. Tuckwell, b J. H. Bettington	3
Mr. O. P. Fisher, b J. B. Bettington	1
C. W. Pratt, b J. B. Bettington	2
R. H. Carpmael, b J. B. Bettington	2
H. Margetts, b J. B. Bettington	0
A. G. Brandon, b J. H. Bettington	2
Mr. J. H. Bidwell, not out	6
H. Goodman, b J. B. Bettington	0
C. A. Conolly, b J. B. Bettington	0
Sundries	8
	33

GUY'S.

E. Reid, c Goodman, b R. H. Conolly	1
J. H. Bettington, c Fisher, R. H. Conolly	2
C. J. Francis, not out	40
R. B. Stamford, b Percival	3
S. G. Layman, b R. H. Conolly	18
J. B. Bettington, b Percival	1
E. T. Shorland, cTuckwell, b C. A. Conolly	14
E. S. Tuck, c Fisher, b C. A. Conolly	0
C. H. Fagge, not out	1
Sundries	2
7 Wickets	83

H. Hewetson and R. H. Fagge did not bat.

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. B. Bettington ...	81	12	7
J. H. Bettington ...	80	13	3

GUY'S v. BICKLEY PARK.

Played at Bickley Park on Saturday, May 30th. A strong team of the club went in first, but fared only moderately against the Hospital bowling. Guy's batted with the sun right behind the wickets and their victory was a splendid one. Reid, Joyce, aud Tuck batted extremely well, the two latter putting on 50 runs for the ninth wicket when all chance of winning seemed gone. Score:—

BICKLEY PARK.

Rev. R. T. Thornton, b J. H. Bettington	0
Q. A. Shuter, c Francis, b J. H. Bettington	10
F. Solbé, c J. H. Bettington, b Joyce	46
G. C. Boosey, c J. H. Bettington, b Joyce	9
H. Baker, b Joyce	6
P. C. Parr, b J. H. Bettington	1
C. T. V. Davy, c Tuck, b Joyce	6
A. Boosey, b J H. Bettington	5
S. Greigg, not out	5
Stanley Christopherson, c Lucas, b J. H. Bettington	15
W. W. Mann, c Lucas, b Joyce	2
Extras	15
	120

GUY'S.

E. Reid, c Christopherson. b Davy	38
J. H. Bettington, b Davy	1
C. J. Francis, c Mann, b Davy	0
R. B. Stamford, b Boosey	6
S. G. Layman, c Parr, b Davy	15
M. P. Jones, c Thornton, b Davy	1
C. R. Lucas, b Christopherson	6
E. T. Shorland, b Davy	0
J. H. Joyce, run out	27
E. S. Tuck, not out	25
J. B. Bettington, b Boosey	2
Extras	12
	133

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	80	41	5
J. B. Bettington ...	35	14	0
J. H. Joyce	85	35	5
E. Reid	40	15	0

INTER-HOSPITAL CHALLENGE CUP.

SECOND ROUND.

GUY'S *v.* MIDDLESEX.

Played at Richmond, Monday, June 1st, in beautifully fine weather. Guy's won the toss, and went in on a good wicket. Their batting was sound and good, though at times painfully slow. The evenness of the batting can be seen by the score. No doubt the honours of the day were carried off by S. G. Layman, who, if lucky, batted splendidly for his runs. The innings was declared over with the score at 247 for eight wickets at 4.15, thus leaving two hours and a half to get rid of Middlesex. They were all out in two hours and ten minutes, leaving Guy's easy winners by 135 runs. It only remains to be said that the fine weather did not seem to stir up the Guy's supporters, who were conspicuous by their absence, with five exceptions. Surely it is a subject for congratulation, when five out of some 600 members turned up to see their representatives do battle for their Hospital. Score:—

GUY'S.

E. Reid, b Thornton	44
J. H. Bettington, b Thornton	11
R. B. Stamford, l b w, b Thornton	8
C. J. Francis, c Beachcroft, b Palmer	5
S. G. Layman, c Palmer, b Marshall	69
E. S. Tuck, not out	15
E. T. Shorland, c and b Beachcroft	15

J. H. Joyce, c and b Thornton	2
C. R. Lucas, b Marshall	30
C. H. Fagge, not out	1
J. B. Bettington, did not bat	0
Extras	24
Innings closed. 8 wickets	247

MIDDLESEX.

H. C. Thomson, b J. B. Bettington	0
G. Thornton, b J. B. Bettington	19
S. H. Lee, c Layman, b Joyce	17
R. H. Mornement, c J. H. Bettington, b Francis	33
G. S. S. Marshall, c Tuck, b Reid	7
J. C. Palmer, b J. H. Bettington	1
A. T. Bell, b J. H. Bettington	8
I. Wall, b J. H. Bettington	0
T. S. Beachcroft, b Francis	2
W. H. Hargreaves, b J. H. Bettington	1
S. E. Tench, not out	0
Extras	24
	112

ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	86	26	4
J. B. Bettington ...	90	28	2
J. H. Joyce	40	13	1
E. Reid	35	15	1
C. J. Francis ...	30	6	2

GUY'S v. BRENTWOOD.

Guy's fared badly against the strong attack of the Brentwood bowlers in this match played on June 6th. The wicket was perfect, and no excuse can be made except that the greater number were out before they went in. The very fast deliveries of Kortright had the undesirable effect of causing a "funk" with some of the team. There was no analysis kept.

GUY'S.

E. Reid, c Kortright, Cutts	6
J. H. Bettington, c Reed, Cutts	10
R. B. Stamford, b Kortright	2
S. G. Layman, b Kortright	0
C. J. Francis, b Kortright	18
J. B. Bettington, c and b Cutts	15
E. T. Shorland, c Cutts, Kortright	8
J. H. Joyce, c and b Kortright	3
C. R. Lucas, c Reed, Cutts	0
H. Hewitson, c Reed, Cutts	0
C. H. Fagge, not out	4
Extras	6
	72

BRENTWOOD.

Escolt, c Lucas, J. B. Bettington	0
Reed, c J. B. Bettington, J. H. Bettington	22
Wormersley, hit wicket, Reid	29
Bunbury, b Reid	25
Heatley, c Francis, Joyce	65
Hawkins, b Layman	23
Kortright, b J. B. Bettington	56
Lewis, b Reid	17
Courage, l.b.w., Reid	0
Sperling, b J. B. Bettington	0
Cutts (pro.), not out	1
Extras	14
	252

GUY'S v. STREATHAM.

Played at Streatham, June 10th, and won easily by the Hospital by 145 runs. It was a splendid match, and the team deserve the greatest credit; more especially do the bowlers deserve praise for getting rid of a strong side so cheaply. Reid and Shorland batted splendidly, and we are glad indeed to notice the wonderfully improved form of the latter. Score:—

GUY'S.

E. Reid, b F. J. Dixon	75
C. J. Francis, b C. L. Morgan	10
E. S. Tuck, b C. L. Morgan	2
J. H. Bettington, run out	16
J. B. Bettington, b F. J. Dixon	0
S. G. Layman, b F. J. Dixon	0
E. T. Shorland, not out	67
J. H. Joyce, b F. J. Dixon	0
H. Hewitson, run out	8
C. H. Fagge, c Yetts, b C. L. Morgan	20
J. J. E. Biggs, c Yetts, b F. J. Dixon	0
Extras	13
	211

STREATHAM.

W. Trollope, b J. H. Bettington	5
F. J. Dixon, b J. B. Bettington	1
G. Braun, b J. H. Bettington	9
C. L. Morgan, c Layman, b J. B. Bettington	13
H. G. Galton, b J. H. Bettington	0
E. C. Bambridge, c Hewitson, b J. H. Bettington	4
C. J. Sanderson, b J. B. Bettington	3
W. M. Yetts, c J. H. Bettington, b J. B. Bettington	1
W. P. Carpmael, c Hewitson, b J. H. Bettington	3
A. C. Barton, c Layman, b J. H. Bettington	7
E. P. Pubbrook, not out	6
Extras	14
	66

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	63	26	6
J. B. Bettington ...	60	26	5

GUY'S v. KENSINGTON PARK.

Played at Wormwood Scrubbs on June 13th, the Hospital winning by 54 runs. Reid, Shorland, J. B. Bettington and Joyce all batted very well. The fielding of Guy's was not at all up to the mark, the wild returns of a select few of the team (when a couple of the opposing batsmen were going through a pantomimic exhibition between the wickets) being very third-rate and indiscreet. J. B. Bettington bowled splendidly, as his analysis shows.

GUY'S.

E. Reid, b French	49
J. H. Bettington, c Etlinger, b Jefferies	18
E. T. Shorland, b Street	46
E. S. Tuck, b Jefferies	2
R. B. Stamford, b Jefferies	0
C. J. Francis, run out	8
J. B. Bettington, b French	43
S. G. Layman, c S. H. Jee, b Street	0
J. H. Joyce, c Jefferies, b Abney	30
H. Hewitson, c Nicholas, b Abney	0
C. R. Lucas, c S. H. Jee, b Abney	0
C. H. Fagge, not out	2
Extras	9
	207

KENSINGTON PARK.

D. C. Lee, b J. H. Bettington	1
G. H. P. Street, b J. B. Bettington	13
J. E. Etlinger, b J. B. Bettington	0
S. H. Lee, b J. B. Bettington	37
M. A. Nicholas, c Francis, b J. B. Bettington	22
G. S. Edwards, b J. B. Bettington	9
R. S. B. Roe, b J. B. Bettington	1
W. A. Rixon, b J. B. Bettington	5
F. W. French b Joyce	30
H. H. Jefferies, c Stamford, b J. H. Bettington	8
L. E. Abney, b Joyce	2
M. H. Routledge, not out	3
Extras	15
	153

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	85	39	2
J. B. Bettington ...	120	57	7
J. H. Joyce	55	27	2
E. Reid	15	14	0

INTER-HOSPITAL CHALLENGE CUP.

SEMI-FINAL.

GUY'S v. ST. THOMAS'.

Everyone was prepared for a great fight when we met out old enemies, Thomas'; but perhaps no one expected such a keen, exciting struggle as took place, and those who were present must have been very pleased with themselves not to have missed it. Both hospitals were fully represented, and on paper Guy's were certainly the stronger lot. Reid won the toss and decided to bat. Five wickets down for 69 was not cheerful, and all out for 125 was certainly very much worse. A strong batting side out for so small a score on a good wicket gave cause for grave doubts as to the result, and Thomas' partisans could not conceal their joy. Thomas' made a good start, getting 45 for two wickets, and it looked any odds that the runs would be got. Then came one of those extraordinary changes so common in cricket and they were all out for 79. Guy's men were all smiles, and entered on their second innings with the sun shining straight behind the far wickets. No one expected such a turn in the game, but our men did not smile when they found themselves out for 79 and still an hour and a half left for play—126 runs to win and an hour and a half to do it. Certainly it seemed quite on the cards with such a dangerous hitter as Northcote in. Thomas' men came in to hit or get out; they seemed better at the latter than the former, judging by the scoring board which showed 15-4-0. The score was taken to 44 before the next wicket fell, and then the end soon came, all being out for 69. Guy's men were thus left victorious by 56 runs. It was a splendid win, and Guy's have to thank their bowlers for the victory. Our captain showed great ability in the way he managed the attack, and is deserving of the highest praise. Guy's have now to meet either King's or Charing Cross for the Final, which is a two day's match also played at Richmond Athletic Ground.

GUY'S.

FIRST INNINGS.		SECOND INNINGS.	
E. Reid, c Laver, b Hardwick	20	st Ord, b Hardwick	10
J. H. Bettington, c Maurice, b Northcote	1	b Hardwick	10
C. J. Francis, b Hardwick	9	b Northcote	23
R. B. Stamford, c and b Hardwick	12	b Northcote	0
E. T. Shorland, st Ord, b Hardwick	10	b Northcote	3
J. B. Bettington, c and b Northcote	13	c Ridsdale, b Hardwick	0
S. G. Layman, st Ord, b Hardwick	11	c Laver, b Hardwick	15
J. H. Joyce, l b w Northcote	19	run out	2
E. S. Tuck, l b w Northcote	20	l b w Northcote	0
C. R. Lucas, not out	6	not out	5
C. H. Fagge, c. Storrar, b Hardwick	0	b Northcote	0
Extras	4	Extras	11
Total	125	Total	79

ST. THOMAS'.

FIRST INNINGS.		SECOND INNINGS.	
R. L. Storrar, c Reid, b J. H. Bettington	14	b J. H. Bettington	0
C. W. Grant Wilson, b Joyce	10	not out	3
J. H. Maurice, b J. H. Bettington	0	b J. B. Bettington	12
P. Northcote, c Tuck, b J. H. Bettington	13	c Layman, b J. H. Bettington	3
A. S. Ridsdale, l b w J. H. Bettington	1	c Layman, b Joyce	8
G. W. Thompson, c Shorland, J. B. Bettington	6	b Joyce	0
H. G. Hardwick, b J. B. Bettington	0	b Joyce	3
R. W. Ord, c Layman, b J. B. Bettington	0	b J. H. Bettington	0
H. Knight, b J. H. Bettington	0	b Joyce	11
G. Cross, b Joyce	18	c J. B. Bettington, b J. H. Bettington	17
J. W. Laver, not out	5	b J. H. Bettington	3
Extras	12	Extras	7
Total	79	Total	69

BOWLING ANALYSIS.

FIRST INNINGS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	90	23	5
J. B. Bettington ...	55	23	3
J. H. Joyce	40	17	2
C. J. Francis ...	10	4	0

SECOND INNINGS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	60	32	4
J. B. Bettington ...	30	18	2
J. H. Joyce	29	7	4

GUY'S v. SURBITON.

Played at Surbiton, on June 20th. Guy's won a most exciting match by four runs, thus giving Surbiton its first defeat this season. Joyce bowled splendidly for Guy's. Score:—

GUY'S.

E. Reid, b Bailey	12
J. H. Bettington, c Howell, b Pinkerton	8
C. J. Francis, b Pinkerton	21
J. B. Bettington, c Hill, b Bailey	5
E. T. Shorland, l.b.w., b Bailey	9
R. B. Stamford, b Bailey	14
J. H. Joyce, b Bailey	0
C. R. Lucas, b Pochin	11
S. G. Layman, l.b.w., b Bailey	19
E. S. Tuck, not out	0
H. Hewitson, b Bailey	0
C. H. Fagge, c Windeler, b Pochin	2
	108

SURBITON.

P. Castle, c Francis, b J. H. Bettington	11
W. B. Windeler, c Lucas, b Joyce	24
A. J. Hill, c Francis, b J. H. Bettington	0
B. Howell, c Lucas, b J. H. Bettington	5
R. Howell, c J. B. Bettington, b Joyce	15
H. E. Hoffmeister, b Joyce	3
M. C. Pochin, c Francis, b J. B. Bettington	4
E. Castle, b J. H. Bettington	11
Rev. C. R. Bailey, c Layman, b Joyce	0
Rev. T. A. Murray, c Stamford, b Joyce	5
Rev. A. E. Bevan, c Shorland, b Joyce	6
G. Pinkerton, not out	4
Extras	16
	104

BOWLING ANALYSIS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	90	44	4
J. B. Bettington ...	60	21	1
J. H. Joyce	85	24	6

GUYS BATTING AVERAGES UP TO JUNE 20TH.

	No. of Innings.	Times not out.	No. of Runs.	Highest Score.	Average.
Edgar Reid ...	12	0	314	75	26.16
S. G. Layman ...	15	1	249	69	17.8
E. T. Shorland	14	1	222	67	17
J. H. Bettington	16	0	248	72	15.5
C. J. Francis ...	15	1	214	47	15.28
E. S. Tuck ...	13	5	121	38	15
J. H. Joyce ...	15	0	145	31	9.7
R. B. Stamford	15	1	134	30	9.5
C. R. Lucas ...	14	2	110	30	9 16
J. B. Bettington	15	0	122	43	8.14
C. H. Fagge ...	13	4	54	20	6
H. Hewitson ...	12	3	38	10*	4.2

BOWLING AVERAGES.

	Balls Bowled.	Maidens.	Runs.	Wickets.	Average.
J. B. Bettington	1141	71	444	55	8.08
J. H. Bettington	1270	70	556	61	9.11
J. H. Joyce	791	43	340	33	10.3
C. J. Francis	190	9	116	6	18
Edgar Reid	165	10	100	4	25
C. R. Lucas	88	5	51	2	25.5

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

A GOOD CLASS SUBURBAN PRACTICE for Transfer. Receipts exceed £900 per annum. Good introduction given; no appointments; will bear the strictest investigation. Premium 1,500 Guineas. Full particulars, Medical Office, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition.—For list apply, Medical Office, Guy's.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

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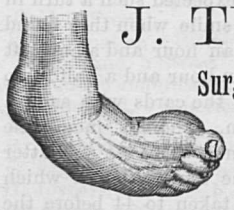

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92, JERMYN STREET, ST. JAMES'S, S.W.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JULY 11, 1891.

CLINICAL TEACHING AND THE LONDON INFIRMARIES.

The subject of clinical teaching in the workhouse infirmaries of the metropolis was discussed last week by the Select Committee of the House of Commons. One of the principal objections to this innovation was that the students would not find enough to do. This can, however, at once be refuted by the resident medical officers of any infirmary, for their work at present is so continuous and arduous that their knowledge of each particular case must simply reach to the immediate treatment of it, instead of affording a chance for actual research into the disease.

When we consider that the 24 infirmaries in London contain no less than 12,445 beds, and that the Marylebone, the East Dulwich and the St. Saviour's infirmaries severally contain more than any one of the London hospitals, it is surprising that anyone should be bold enough to make the above assertion, especially when we consider the smallness of the resident staff.

The chronicity of many of the cases would of course be a drawback, but this could be easily remedied by placing all such cases in special wards, and keeping others apart for those more acute or active cases which would be of use for clinical instruction. Another objection would be the absence of any definite system of instruction, and students would find it difficult to learn as much as they do at present in the hospital wards.

This clinical work would not, however, be intended for one moment to supplant the hospital teaching, but rather to supplement it; and to this end a paid consulting staff might be appointed to each infirmary, such staff to be drawn from the junior staff of the nearest hospitals having medical schools attached to them. These consultants would then be able to appoint students to act as their clinical clerks under the supervision of the resident officers of the infirmary and would also be able to give instruction to classes of students, using the cases in their wards for that purpose.

There is no doubt that this arrangement could be made to work both smoothly and satisfactorily, and would afford a most valuable adjunct to the clinical teaching in hospitals. The Asylums Board has already made a move in the right direction by opening the fever hospitals to students, and there is little doubt that sooner or later this new step will be taken also, and the sooner it is taken the earlier will a valuable field of research be open to students, which it is certain they will not abuse.

AUTOPSY.

The title promises well, but it promises more than it will perform. Perhaps an apology, a double apology, would be the best colours to hoist at the outset. Firstly, an apology, to purists in language for the unjustifiable unclothing of the word exhibited at the head of these paragraphs, and, secondly, an apology to the eminently scientific readers of this paper

for the incontinent quoting of poetry. But Medicine of to-day is a too-absorbing and all-engaging mistress to allow of attentions to her sister Poetry. On the contrary, Poetry of to-day envies her sister's peculiar charms and borrows her peacock plumes for adornment. The poet, the painter and the novelist are, each and all, realistic, ideally realistic, scientists may truly say. Professor Billroth, his dressers and his patient, may be seen on the walls of the German Exhibition. Ivan Ilyitch would make an interesting subject for an M.B. commentary, in spite of the hatred Tolstoi bears, in his present mood at least, towards the medical profession. Oswald Avling on Ghosts would make an interesting case for diagnosis, apart from its crushing effect as tragedy.

But whatever may be the æsthetic value of these productions, they are peculiarly interesting and useful to us. They hold a mirror up to us and show us our working selves and our works. If it were not for them, we should have to dissect ourselves from ourselves—a mere psychological problem—frame our dissevered selves, our surgeons and our dressers, in the Guy's portico—a picture *en plein air*—and examine ourselves carefully with the critical lens—a veritable autopsy.

This wordy blast serves to introduce our looking-glass, a minor poet who suffered in the Edinburgh Infirmary for a space of two years. He comes to the Surgery:

> A square, squat room (a cellar on promotion),
> Drab to the soul, drab to the very daylight;
> Plasters astray in unnatural-looking tinware;
> Scissors and lint and apothecary's jars.

The Theatre is next described:

> You are carried in a basket,
> Like a carcase from the shambles,
> To the theatre, a cock-pit,
> Where they stretch you on a table.

Chloroform is given:

> And you gasp, and reel, and shudder,
> In a rushing, swaying rapture,
> While the voices at your elbow
> Fade—receding—fainter—farther.
>
> * * * * * *
>
> Then the lights grow fast and furious,
> And you hear a noise of waters,
> And you wrestle, blind and dizzy,
> In an agony of effort,
> Till a sudden lull accepts you,
> And you sound an utter darkness . . .
> And awaken . . . with a struggle . . .
> On a hushed, attentive audience.

There is vivid picture of the dreary, sleepless night after in the ward:

> Far in the stillness a cat
> Languishes loudly. A cinder
> Falls, and the shadows
> Lurch to the leap of the flame. The man next to me
> Turns with a moan . . . . . .

And finally, the Surgeon comes round the next afternoon:

> Hist? . . .
> Through the corridor's echoes
> Louder and nearer
> Comes a great shuffling of feet.
> Quick, every one of you,
> Straighten your quilts, and be decent!
> Here's the Professor.
>
> In he comes first
> With the bright look we know,
> From the broad, white brows the kind eyes
> Soothing yet nerving you Here, at his elbow,
> White-capped, white-aproned, the Nurse,
> Towel on arm, and her inkstand
> Fretful with quills.
> Here, in the ruck, any how,
> Surging along,
> Louts, duffers, exquisites, students, and prigs—
> Whiskers and foreheads, scarf-pins and spectacles!—
> Hustle the Class! And they ring themselves
> Round the first bed, where the Chief
> (His dressers and clerks at attention!)
> Bends in inspection already.

This "Book of Verses, by W. E. Henley (Nutt, 1888)," from which I have been quoting so freely, contains a great number of vivid pictures of this kind and well repays reading. These quotations have been selected solely from the point of view of Hospital interest and not from any attempt at criticism or right appreciation.

A CASE OF PROTRACTED LABOUR.

M. W., æt. 30. She had had two children, both born alive without interference, labour being easy in each case.

The Extern was called to the case at 9.45 a.m., Monday, June 29th. She had been in labour since Saturday morning; labour having been brought on by a fall. The child was full time. The membranes had ruptured on Saturday afternoon at 3, and from that time until she was seen she had been having infrequent small pains, which had been gradually decreasing in frequency and force, till they had almost died away. On examination, the os was soft and fully dilated, and only to be reached with great difficulty. Vertex presenting in third position, not engaged in brim at all, and having undergone no appreciable amount of moulding. No pelvic contraction. Pulse 130.

Assistance was sent for, and the long forceps applied under chloroform. Traction for half an hour, varied with attempts to pull down the occiput with the vectis, caused no advance, so Dr. Horrocks was sent for. He confirmed the diagnosis of the position, and applied the forceps again, but steady traction for some time failed in producing any advance. Taking into consideration the state of the woman, and the fact that the head had undergone little or no moulding, Dr. Horrocks determined to give the child a chance before proceeding to cephalotripsy, as supposing pains should come on, it was not unlikely that the head might engage in the brim and advance far enough for the successful application of forceps. She was therefore left alone for four hours, during which time frequent and strong pains came on, and considerable advancement of the head took place, the position also beginning to be reduced. The forceps were again put in at the end of that time under an anæsthetic, and the child at length delivered with great difficulty occiput forwards, the position becoming reduced as the head was born; the forceps, which were applied laterally, having grasped the head in the occipito frontal diameter. The child was alive, and soon began to cry lustily, although the head was marked very deeply by the blades of the forceps. The placenta was expressed in 15 minutes, a large quantity of meconium being expelled before it. There was little or no bleeding, and the uterus contracted down firmly after being washed out with Perchloride (1 in 2000).

In this case the application of forceps seems to have acted as a stimulus to the uterus, as although the pains had nearly ceased before, they came on with great strength afterwards, and that although the woman was in a very exhausted state with a rising pulse. It shows that even after prolonged unsuccessful attempts to extract with forceps in a late stage of labour, it is worth while to give the child a chance, provided there is no pelvic contraction, and the delay is merely due to want of "vis a tergo."

H. H.

THE DISTRIBUTION OF PRIZES.

The Annual Prize Distribution took place on Wednesday last, in most inclement weather. The preparations which had been made showed an amount of enterprise unusual at such a gathering, and Dr. Perry must be heartily congratulated on the manner in which the day went off. A tent had been erected in one of the quadrangles adjacent to the colonnade, and was tastefully decorated with flags and flowers.

About three o'clock the visitors began to arrive, and large was the crowd of students waiting at the gates to show their relatives the many glories of the good old Hospital. Old Guy's men turned up in abundance, and received a hearty welcome from their friends still at work here.

At half-past three Mr. Lushington rose, and called upon Dr. Perry to read his report, which we print verbatim.

THE DEAN'S REPORT FOR 1891.

Mr. Shaw-Stewart, Mr. Treasurer, Ladies and Gentlemen,—Allow me in the first place to express to you, sir, the satisfaction it gives us that you have kindly consented to preside at our Annual Prize Distribution. For many years you have been one of the most active Governors not only of this but of another metropolitan hospital, though to our regret your activity has of late been somewhat curtailed by ill health. It affords us great gratification that you are able to be with us to-day, and that our students should receive their medals and certificates of distinction from one who has always taken so deep an interest in the administration of the Hospital and the prosperity of its Medical School.

During the past year the progress of our School has been highly satisfactory. The entry of full students last October was 101, against 85 in 1889, and 74 in 1888. The total entry of students was 164, against 144 in the previous year, and of these 16 were Dental Students.

In the matter of University distinctions we have been more fortunate this year than last. At the London University Mr. F. G. Hopkins obtained the Exhibition and the Gold Medal in Organic Chemistry in the Intermediate M.B. Examination, and Honours in Materia Medica and Pharmaceutical Chemistry. Mr. A. J. Sharp obtained Honours in Physiology, Histology, Materia Medica, and Pharmaceutical Chemistry. At the Final M.B. Examination Mr. J. H. Bryant obtained the Gold Medal, with First Class Honours in Medicine and First Class Honours in Forensic Medicine. Mr. P. C. Evans obtained First Class Honours in Medicine and in Obstetric Medicine, with Honours in Forensic Medicine. Mr. J. S. Richards obtained Honours in Medicine and Obstetric Medicine. Messrs. Fawcett, Hall, and Robertson obtained Honours in Obstetric Medicine, Mr. T. G. Stevens, Honours in Forensic Medicine. For the Degree of M.D. Dr. Starling obtained marks qualifying for the Gold Medal. At Cambridge last December 11 of

our Students passed the Second M.B. in Anatomy and Physiology, and in the Final M.B. 13 passed in Surgery, and 14 in Medicine.

Four of our students were successful at the examination for the Naval Service, and for the Indian Medical Service the first place was gained by Mr. F. H. Burton Brown, M.B., Oxon. At the Conjoint Examinations our success has been beyond the average of last year's. I must not omit to mention that Dr. Dakin, an old Guy's man, has recently been appointed Obstetric Physician to St. George's Hospital.

When I had the honour of addressing you last year I spoke of our new College as an hopeful experiment: to-day I may say that the experiment has proved entirely successful. Last October every room was occupied, the building has remained full ever since, and for next October we have already more applicants than we are likely to be able to accommodate.

The Dental School is showing more vigorous growth than most of us anticipated. Starting in October, 1889, with six students, it numbers now more than thirty, last May having brought us eleven entries. Within twelve months from the opening of the Conservation Room it became overcrowded with students and patients, and increased accommodation was required. To meet the immediate needs of the department, and until the new buildings are ready for occupation, the Treasurer has granted the temporary use of the large ward on the second floor of the medical building lately known as Mary Ward, and this ward you are invited this afternoon to inspect.

In order to augment the teaching power of the Dental School in proportion to the increase in the number of students four additional Assistant Dental Surgeons have been recently appointed, Mr. Badcock, Mr. Baker, Mr. Bullock, and Mr. Traer Harris, and two additional Anæsthetists, Mr. Fripp, and Mr. Lancaster. By the death of Dr. C. E. Sheppard, F.R.C.S., his colleagues have sustained the loss of one who was distinguished by acute intelligence, high intellectual attainments, and great charm of manner.

Having said so much with reference to the latest developments of our Medical School, it remains that I should indicate the improvements we contemplate for the next Winter Session, in order that our teaching may be kept at the high standard which it is our endeavour to maintain.

Upon the recommendation of the General Medical Council, considerable alterations have been made by the various qualifying bodies in the regulations for a Diploma in Public Health, the most important being that which requires of all candidates registered subsequently to January 1st, 1890, a certificate of attendance on a six months' course of Laboratory instruction. We have accordingly arranged for a course of instruction to be given from October to March in the old Chemical Laboratory, in which the Treasurer has caused a heating apparatus to be introduced in order that it may be available during the winter months. The number of students now engaged in the Chemical Laboratory upon practical work for the 1st Conjoint Examination has so greatly increased that it has been found necessary to appoint an Assistant Demonstrator, who will share the work of the laboratory with Mr. Groves, thus allowing him to devote more time and attention to the candidates for the Intermediate M.B. Examination than has of late been practicable. The Assistant Demonstrator will also help students preparing for the Preliminary Scientific Examination during the first half of the Winter Session.

With the view of making the teaching of practical physiology more thorough and efficient, there will be next Winter Session, in addition to the Class in Histology from October to Christmas, an elementary course in the latter half of the session, in which students will work out practically the chemical physiology of food, digestion, etc., and in which demonstrations will be given of the more difficult physiological experiments. The long room is being fitted up with benches and other appliances to convert it into a laboratory for this course.

To prepare candidates for their Final Examination in Medicine, Revision Classes have been instituted upon the model of the present Surgical Classes, and these classes have been assigned to Dr. Shaw.

The most important event of the past year in the history of the School is, I think, the establishment by Sir William Cameron Gull of a Studentship in memory of his father, Sir William Withey Gull, Bart., late Physician to Guy's Hospital, and Lecturer on Medicine in the Medical School. The value of the Studentship is £150 per annum, and its object is the encouragement of research in physiology and allied subjects. The first Gull student is Mr. F. G. Hopkins, B.Sc., whose distinguished career at the London University augurs well for his success as an original investigator in a study with which the reputation of this School has ever been most especially associated.

About the middle of last year the Treasurer brought under the notice of the Governors the dilapidated condition of the Hospital workshops, and the urgency of additional accommodation for the Medical School. After the question had been very carefully considered by a Committee consisting of certain of the Governors and Medical Staff, the Court decided at the beginning of this year to sanction the demolition of the old carpenter's shop, and to erect new workshops upon the site, together with a block of building which comprises a Conservation Room for the Dental School, holding 50 chairs, a large Dental Laboratory, Waiting Rooms for patients, new Chemical, Physical, and Bacteriological Laboratories, and large Lecture Room. The foundations for this building are already in progress.

In conclusion, I have only to acknowledge the continuance of the most cordial relations between the Governors and Staff, and to express the hope that every year our School and Hospital may more largely contribute to the advance of knowledge, and the relief of suffering.

As Dr. Perry finished his report, Mr. Shaw-Stewart rose, and in a loud clear voice which triumphed over the disturbing elements, proceeded to deliver his speech; and surely never did public speaker have more difficulties to contend with. The rain came down in a pitiless flood, perfectly regardless of the canvass awning stretched above, soaking the ground, wetting the chairs, and spoiling all the dainty summer costumes. Half the audience lay buried beneath a mushroom growth of umbrellas, the other half was hurrying off pell-mell, seeking more water-tight quarters.

After a few remarks deprecating the unfortunate storm, Mr. Shaw-Stewart went on to say, "We have to thank the ladies for the way in which they have braved the elements: luckily we at Guy's are not easily daunted. There seems some malign influence up aloft, some grudge against us on the part of the clerk of the weather. I shall therefore make my remarks as brief as possible. With every assistance put in the way of the medical student of the day, we expect the highest results, but the modesty of the men of the present will hardly allow them to aspire to turn out better men than those of the past. And now one word about the splendid benefaction with which the filial piety of Sir Cameron Gull has presented us. The name of Sir William Gull can never pass away from us; it lies enshrined amongst the medical and surgical annals of this hospital. The studentship has been initiated for a most useful purpose, and I am old-fashioned enough to feel delighted that it is not to be won by competitive examination. There are a great deal too many examinations at the present day (applause). I am glad to see you agree with me. Let us hope that the future Gull students, in the quietude of their own research, may further the cause of medical and surgical science—possibly enlighten us on the subject of influenza in the future. I had sent me an Indian paper on influenza, which, as I do not wish to keep you too long in the wet, I will not read, but hope that your journal will publish for me."

After commenting on the success of the College, Mr. Shaw-Stewart went on to remark, "We have here to thank Dr. Pavy publicly, as he has already been thanked privately, for his splendid gift which during the short dark days of last winter was so much appreciated, and which will develop the muscles and improve the digestive organs of many generations of medical students yet unborn. We live in an age of trouble — Governors, Treasurer, Staff, Students, Nurses, everybody — for a Committee is sitting upon all of us. But I am glad that this is so, for now both sides will be heard, and the outcome will be, to show what a splendid institution a Hospital is; and I hope the charitable instincts of Englishmen will never allow a Hospital to starve, and never allow it to be kept up and managed by the State. (Applause.) If the *Special* Hospitals fall before the Committee I shall not care so very much. . . . . I am perfectly satisfied that no really good Hospital can exist without a Medical School attached; and on the other hand, that no really good Medical School can exist without a Hospital; and I hope the present excellent relations existing between the two bodies here may long continue." . . . . .

After a few remarks about prizemen. "One word to those who are not prizemen. We cannot all be prizemen, and I hope that no man who has run a winner close will slacken in his efforts in the future. Remember that a rear rank man may be just as good a soldier as a front rank man. (Applause.) The saying is true of Guy's as it is of England, 'Guy's expects every Guy's man to do his duty.'" (Applause.)

Mr. Shaw-Stewart then distributed the certificates to the following gentlemen:—

The Treasurer's Gold Medal for Clinical Medicine.

John Henry Bryant, Ilminster.

The Treasurer's Gold Medal for Clinical Surgery.

John Henry Bryant, Ilminster.

Gurney Hoare Prize for Clinical Study.

Arthur Stanley Wohlmann, Hertford.

Beaney Prize for Pathology.

John Henry Bryant, Ilminster.

Golding-Bird Prize and Gold Medal.

Alfred Theodore Rake, Fordingbridge.

Michael Harris Prize for Anatomy.

Guy Eugene Manning, Hammersmith.

The Arthur Durham Prizes for Dissection.

(First Year's Students).

James Henry Horton, Charlton	Prize £5.
Murray Parray Jones, Towyn	Certificate.
Charles Herbert Fagge, Lutterworth ...	Do.
Henry Alford Moffat, Grahamstown, Cape Colony	Do.

(Second Year's Students).

Charles Satchell Pantin, Blackheath ...	Prize £15.
Edwin Shelton Roberts, Penygroes ...	Certificate.

Fourth Year's Students.

Thomas Benjamin Phillip Davies, Milford Haven	equal £17 10s. each.
Alfred Theodore Rake, Fordingbridge ...	
Arthur Mantell Daldy, Romford	Certificate.

Third Year's Students.

Arthur John Sharp, Bromley, Kent	...1st prize £25.
William John Johnson, Shefford ...	...2nd prize £10
Francis Jordan Coleman, Hunmanby, Yorks	Certificate.
George Frederick Still, Tollington Park...	Certificate.

Second Year's Students.—1890.

Arthur John Sharp, Bromley, Kent	...1st prize £25.
Charles Satchell Patin, Blackheath	...2nd prize £10
Frederick Gowland Hopkins, Enfield ...	Certificate
William John Johnson, Shefford	Do.
Francis Jordan Coleman, Hunmanby, Yorks	Do.

First Year's Students.—1890.

Arthur Henry Leete, Wellingborough ...1st prize £50.
John Alexander Howard, Canonbury ...2nd prize £10
Guy Eugene Manning, Hammersmith ... Certificate.
Leopold Ernest Valentine Every-Clayton, Nelson, Lancashire ... ... Certificate.

Open Scholarships in Arts.

Henry Percival Ferraby, Bedford ... 100 Guineas.
George Frederick Still, Tollington Park... 50 ,,

Open Scholarships in Science.

Francis James Steward, Old Charlton ... 125 ,,
Alfred Salter, Blackheath ... ... 50 ,,

THE TREASURER then proposed a hearty vote of thanks to Mr. Shaw-Stewart, remarking that Mr. Shaw-Stewart had given him and them all most excellent advice, and now *he* was going to give some in return—"next time bring a fine day with you!"

DR. PYE-SMITH seconded the motion, and was followed by Mr. DURHAM, who got up in the midst of a terrific clap of thunder, and struggled vainly to make himself heard, leaving a sympathetic audience, luckily trained by a course of modern silent plays, to infer his meaning from his gesticulations.

In conclusion, Mr. SHAW-STEWART, whose parliamentarily trained voice stood him in good stead, reminded his dripping audience that the wards at any rate were watertight, and that their inspection was cordially invited. The meeting then hurriedly broke up, and the underground leading to the College was speedily blocked by a surging crowd, seeking a dry spot for the sole of the foot, and strawberries and cream for the inner man.

APPOINTMENT LIST.

The following New Appointments have been recommended by the Medical Council, and approved by the Treasurer:—

MEDICAL APPOINTMENTS.

Obstetric Residents.—Messrs. W. G. Rogers (July); C. G. Roberts (August); A. E. Norburn (September).

Clinical Assistants.—Messrs. C. Braithwaite, J. E. Coulson, E. E. B. Landon, C. E. Pollock, F. C Stearn, T. B. P. Davies.

Dressers in the Eye Wards.—Messrs. J. W. F. Jewell, H. Hodson (Mr. Higgens) (July); W. A. Higgs, F. A. Osborn (Dr. Brailey) (July); W. E. S. Cobb, E. H. Cartwright (Mr. Higgens) (September); H. E. Durham, W. Carling (Dr. Brailey) (September).

Assistant Physicians' Clerks.—Messrs. J. R. Evans, A. J. Sharp (Dr. Pitt); T. H. Barr, S. G. Floyd (Dr. Perry); F. W. Wilson, W. K. Steele (Dr. Shaw); J. H. Godson, F. N. Day (Dr. Washbourn).

Post-Mortem Clerks.—Messrs. R. C. Kirkby, E. S. Tuck (July); A. W. Sheen, C. E. Salter (August); G. Sichel, (September).

Extern Obstetric Assistants.—Messrs. E. E. Frazer, G. Mackeson, W. T. B. Donnelly, S. Croneen, T. D. Lister.

Obstetric Ward Clerks.—Messrs. J. R. R. Pollock, S. C. Cresswell, H. A. Hinds.

Obstetric Out-Patient Clerks.—Messrs. G. H. Field, H. B. Wilkinson; (2nd half) A. J. Sharp.

Aural Surgeon's Dressers.—Messrs. E. D. Lumley, W. H. Dixon (July and August); A. H. Meadows, A. J. Sharp (September and October).

Dressers in Throat Department.—Messrs. T. J. Mills, A. S. Wohlmann, H. B. Wilkinson, A. E. Tebb.

Dental Surgeon's Dresser.—Mr. F. H. Field (July and August).

Medical Ward Clerks.—Messrs. A. Shillitoe, C. E. Lockyer, E. Hunt, R. Ingram, J. W. Eastment, W. C. Lawton, S. Infield, H. Hearnden, E. E. S. Silver, C. M. Greenway, D. A. Martin, W. Poole, E. S. Dukes, F. Hazell, P. E. Bearblock, C. S. Pantin, W. C. C. Park, H. Meyrick-Jones, R. H. Luce, W. J. Harris, E. E. W. Roe, F. A. Robinson.

Assistant Surgeons' Dressers.—Messrs. E. P. Lulham, A. White T. S. Robson, J. H. Compton, E. Ransome (Mr. Golding-Bird); E. Huntley, T. S. Jackson, W. Bligh, M. Craig, W. R. Grove (Mr. Jacobson); C. G. Gregar, C. W. Moorshead, J. O. Williams, C. H. Harding, H. Cooper (Mr. Symonds); M. Jenkins, E. L. Adams, J. G. B. Coleman, A. L. Roper, J. J. E. Biggs (Mr. Lane).

Surgical Ward Clerks.—Messrs. H. P. Barker, W. De Korté, J. B. Leathes, D. M. Beddoe, H. A. Duffett, H. G. T. Major, L. Slater, G. Cooley, G. Lawrence, T. D Manning, L. C. Burrell, G. H. Steele, G. A. Skinner, E. S. Hoare, A. C. Hovenden, G. S. Hovenden.

Assistant Surgeons' Clerks.—Messrs. W. J. Johnson, G. F. Still (Mr. Jacobson).

DENTAL APPOINTMENTS.

The following New Appointments have been recommended by the Dental Committee, and approved by the Treasurer:—

Dental House Surgeon.—Mr. M. F. Hopson.

Assistant Dental House Surgeons.—Messrs. P. Harrison, H. B. Stoner.

Demonstrators of Dental Surgery.—Messrs. S. R. Apthorpe, F. J. Blewitt, S. Keele. F. W. Ta'Bois.

Curators of Laboratory.—Messrs. F. P. Allworth, A. R. Henry.

Dressers in the Gas Room.—Messrs. F. Allworth, F. J. Blewitt (July); A. J. Makepeace (October).

Dressers in Dental Extraction Room.—Messrs. H. A. Turner, R. E. Woodcock, J. M. Tarachand, F. H. Wallis (July); F. H. Wallis, W. R. Butler, A. V. Brimmer (August); W. R. Butler, F. E. Pritchard, A. V. Brimmer (September); L. Musgrave, G. Williams, C. H. Oram, G. S. F. Manton, W. H. Lyne, F. E. Pritchard (October).

Passim.

THE spectacle witnessed at the Examination Hall last week of two youths in full Salvation Army costume, consisting of red jersey, blue coat, and peaked hat bespattered with gilt letters denoting their calling, must have been an amusing, and withal a somewhat melancholy sight to see. Why these two individuals could not have gone up for their second college quietly and decently apparelled we do not know.

LET us warn all new men who play football well that there are certain PIRATE clubs which will endeavour to seduce them from their allegiance to their Hospital. Let them show their *esprit de corps* by refusing these offers.

PROBABLY the first auction sale that has ever occurred at Guy's will be held shortly for the sale of demolished fives court, &c.

WE remind intending students that the particulars of the entrance scholarships to be held in September can now be obtained at the office.

A LEGACY of £1,000 has just been left to the Hospital.

THE new Dental buildings have been commenced.

THERE are a number of practices to be taken for the holidays. Gentlemen desiring to act as Locum Tenens should apply to Mr. Wells.

WE must congratulate Messrs. Davies and Rake on having tied for the 4th year's prize, and Messrs. Sharp and Johnson on having been awarded the first and second places respectively for the third year's.

WE wish every happiness to Mr. Maggs in his recent marriage.

BY permission of the Governors of Bethlem Royal Hospital, Dr. Savage proposes to give a course of instruction in "Mental Physiology, especially in its relation to Mental Disorder," adapted to the requirements of candidates for the M.D., M.S.Lond. The class will be held during the months of October, November, and a part of December; and the instruction given will consist of one formal lecture a week, and two clinical demonstrations in the wards of Bethlem Hospital. The lecture will be delivered on Mondays, at two o'clock, in the Chemical Theatre at Guy's Hospital, and the clinical demonstrations will take place on Wednesdays and Fridays, at two o'clock. The first lecture will be given on Monday, October 5th. The fee for the course is three guineas, which should be paid in advance at the office of the Medical School, Guy's Hospital, S.E. The course is free to all Guy's men.

LINES

Suggested by the following extract from a Provincial Paper.

"DEAD HORSES FOR SAUSAGES.—Gruesome revelations were made on Monday at the Gateshead County Police Court by Inspector Apland, of the R.S.P.C.A., in connection with a prosecution for cruelty to two horses. The defendants were each fined 10s. with costs. It was stated in the course of the case that the practice of exporting used-up horses to Antwerp for the beef and sausage trades had been modified. The animals were now slaughtered on this side, skinned, and the best parts put in tubs for shipment. The inspector stated that 20 tons of horse-flesh were shipped from the Tyne last week."

I.

Alas! poor cats! what will ye do,
Deprived of all resources?
Now that your greedy human foe
Devours be-sausaged horses!

II.

No more, ere long, the rosy slice
Shall glad the heart of mewers;
Nutritious, jucier far than mice,
And served on wooden skewers.

III.

Outside delicious sausages
Will *ye* much longer stay, eh?
Within those equine "cartridges"
Sad voices *hoarsely* neigh *Nay!*"

Mr. Shaw-Stewart whose portrait we give in this issue was educated at Eton, and at Christ Church, Oxford; and was one of the first pupils of Sir Henry Acland, who was appointed Dr. Lee's Reader in Anatomy about the middle of this century, and was the pioneer of the revival of the Study of Physiology and Natural Science at Oxford.

On leaving the University and proceeding to Egypt, Sir Henry enjoined him to bring him back a skeleton of a crocodile. The story of its capture has been well told by Mr. Shaw-Stewart. On the voyage down the Nile he was fortunate enough to fall in with a live specimen about 10½ feet in length which had been caught in some fishing nets in which it had become completely entangled: he kept it alive for some days, intending if he could get it to Cairo, to have a tank made and bring it home to the Zoological Gardens. Happily for Mr. Shaw-Stewart, the crocodile, and all concerned, a strong east wind set in and killed it. The next question was how to get the skeleton: there were no facilities for maceration, so Mr. Shaw-Stewart set to work with a scalpel. On making the first incision, the compressed air within the animal escaped with a slight bubble bubble—the black cook jumped out of the boat on one side and swam ashore, and another of the crew jumped out of the other side and swam half across the Nile without looking round. Not one of them would come and help again that day as they all believed the animal had come to life again. Four or five days were spent cutting away all the flesh from the bones, and after being pickled with rough salt it was consigned along with about ninety eggs, which were inside it, to Sir Henry Acland at Oxford, who sent it to Professor Flower, who made a beautiful skeleton, which now reposes in the Natural History Museum at Oxford. Visitors may recognise it by the deep jagged wound in the shoulder blade caused by the big fish-hook which caught it.

Mr. Shaw-Stewart also tells of the delight of Sir Henry Acland's class when Wombwell's camel died during the stay of the menagerie at Oxford, and the beautiful provision of water cells in its stomach was carefully dissected out in the old and now obsolete museum at skeleton corner in Christ Church.

Mr. Shaw-Stewart was one of the original members of the Metropolitan Asylums Board, and was the first Chairman of the Stockwell Fever and Small Pox Hospitals; which Hospitals, in conjunction with his old friend Inspector-General Bostock, C.B. (late Scots Guards) he planned and arranged. They are now known as the South-Western Hospitals.

This appointment, as well as the Treasurership of St. George's Hospital, Mr. Shaw-Stewart resigned at Christmas 1876; when he went back to Oxford as Bursar of Keble College, of which society he was one of the original members of Council and still continues a member of the governing body. He is a Vice-President and Trustee of St. George's Hospital, and a Governor of Guy's, the London, Middlesex, Charing Cross Hospitals, and Brompton Hospital for Diseases of the Chest.

John Henry Bryant was educated at Ilminster Grammar School, where he held the Hanning Exhibition of £40 a year for three years. He passed on to Sherborne, and entered Guy's for the Preliminary Scientific Classes in 1885.

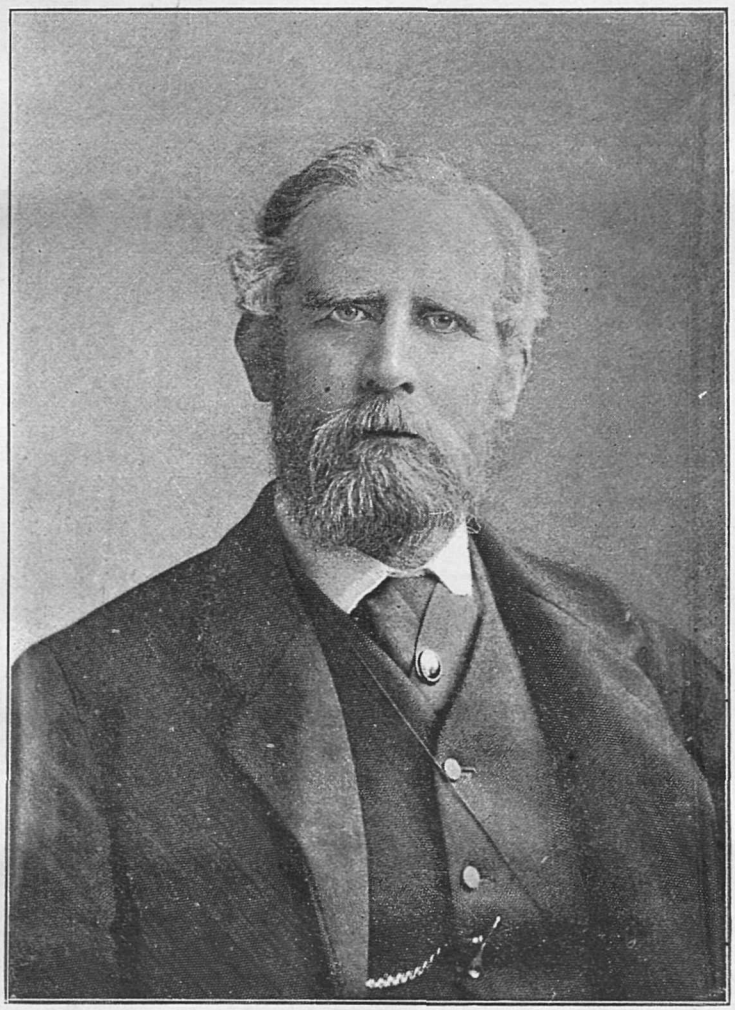
He took an entrance Science Scholarship at St. Mary's Hospital in 1886, but relinquished it to enter as a regular student at this Hospital. In 1887 he was awarded the prize for first year students, and in 1888 and 1889 he tied for the second and third years' prizes. He also took the second prize in the fourth year examination. He won the Michael Harris prize for Anatomy in his second, and the Beaney prize for Pathology in his fifth year.

In 1890 he was *proxime accessite* for the Gold Medal in Medicine, and he has this year won the Gold Medals both in Medicine and Surgery. He passed his final examination for the M.R.C.S., L.R.C.P. in 1890, and in the same year was awarded the Gold Medal and first class honours in Medicine at the final M.B. examination at London University.

He was a full dresser under the old regulations, and has also acted as Charity and Assistant House Physician, and is now House Physician to Dr. Goodhart.

His honours have not been confined to medicine, for he played in the Rugby Football Cup Team for four years, and was Hon. Secretary in 1889. He also played for the Surrey County Team in 1888-89.

He is a man of whom all the Hospital is justly proud, not only for his work, but also for his general good fellowship and *esprit de corps* in everything that he has done.



MR. J. A. SHAW-STEWART.

[*From a Photograph by* Mr. J. Hawke, *of Plymouth.*]

ALFRED THEODORE RAKE was educated at Queenwood College, Hants. He entered Guy's for the Preliminary Scientific Classes in 1886, and became a registered student in 1887, taking the entrance Science Scholarship. He was awarded the prizes for first, second, and third years' students, and was bracketed first with T. B. P. Davies for the fourth year prize. He has also carried off the Michael Harris prize for Anatomy, the Sands Cox Scholarship for Physiology, and the Golding Bird prize for methods in diagnosis. He passed his Intermediate M.B. at London University in 1889, taking honours in Anatomy and Physiology. He has passed the first fellowship examination of the College of Surgeons, and the final M.R.C.S.,L.R.C.P.

In 1888 he read a paper on Leprosy before the Physical Society, which proved his ability as an original observer of disease, and he was elected a President of the Society in 1889.

RECENT PUBLICATIONS.

Braithwaite's Retrospect of Medicine, vol. 103, January to June, 1891. 12mo., 6/6.

Bourneville and Brecon's Manual of Hypodermic Medication, translated from the 2nd Edition. By Andrew S. Currie. Post 8vo., 6/-.

Fenwick and Soltan's Outlines of Medical Treatment. 3rd Edition. Post 8vo., 10/-.

Jones' Noises in the Head and Ears. Post 8vo., 4/6.

Steell's Physical Signs of Cardiac Disease. 2nd Edition. Post 8vo., 3/-.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—It might perhaps interest some future candidates for the First Fellowship to know the kind of questions asked at the Vivas. I jotted down, immediately at its termination, the questions asked me by Mr. D'Arcy Power at the recent examination. I was taken on physiology first, and never met, or could conceive, a more pleasant or gentlemanly examiner—one who put me at my ease at once. He first showed me a specimen under the microscope and asked me what it was (conective tissue cell spaces); what were the ordinary brown staining re-agents; then another specimen (transverse section of pacinian corpuscle)—in what way did sensory nerves terminate? Briefly describe them—modes of termination in ear, eye, nose, tongue. He next showed me a blood clot floating in serum and asked me what the exudation was; what were the nitrogenous bodies in serum; how would I recognise their presence? What is lakey blood; how prepared; its characteristics; how to prepare hæmoglobin? What evidence was there that accomodation took place; nerves concerned; effects of cutting 3rd nerve. He then went to a table covered with instruments and showed me an induction coil; what were its uses; uses of Du Buois Raymond key and Marey's tambour; constitution of a Daniell's cell—how is the electricity developed; what are the chemical reactions. What happened when a constant current was thrown into a nerve and during its passage; could it be so gradually decreased as not to give rise to a contraction; how would I reduce the strength of a current? He next told me to draw a blood pressure curve: depressor nerve curve; stimulation of vagus curve; sphygmogram; what is cause of dicrotic notch; were the respiratory waves of a blood pressure curve increased in asphyxia? Draw cardiogram at base and one at apex: what was the difference—here the bell rang and I passed on to the anatomy examiner, after having passed a very pleasant twenty minutes.—Yours truly,

LEONARD A. PARRY.

A MUSICAL AND DRAMATIC SOCIETY.

DEAR MR. EDITOR,—Some weeks ago I read with pleasure in "Passim" a notice that steps were being taken to organize a Dramatic and Musical Society. I hear it constantly spoken of on all hands by men anxious for the formation of a club that would be eminently a social one, and might also add to the Hospital exchequer by giving public entertainments.

Would it not be well to call a meeting this session, to arrange preliminaries so that the new club might get to work at once in October?—Yours,

VAUGHAN PENDRED.

DEAR SIR,—I should like to know if anything more is going to be done about the "Glee Club," a notice of which I saw in "Passim" of the GAZETTE.—I remain, yours truly,

E. H. VAN SOMEREN.

THE DEATH OF THE LEUCOCYTE.

She has asked me to write in her album,
A request which I cannot deny;
Though the pen were my chorda dorsalis,
And the ink drained my arteries dry.
Though my paper must be pia mater,
And each stroke apoplectic in kind:
I would risk my "lenticulo-striate"
Far sooner than seeming unkind.

But what is a suitable subject
In those exquisite leaves to enshrine?
Shall I tell how the auricle flutters,
On the chordœ tendineæ twine?
How the cells multipolar and caudate
Of the cortex, in dreaming create:
Or combine in new forms, the impressions
Received in a previous state?

But of course she reads Landois and Stirling
And regards Ladd as merely child's play,
So I will not presume to instruct her
Where she must be entirely *au fait*.
But will choose an abnormal relation,
And tell how a leucocyte tried
To battle *pro focis et aris*:
How bravely he struggled, and died!

He was but a lowly corpuscle
And his birthplace extremely obscure,
In a splenic Malpighian body;
Yet his motives were lofty and pure.
Though his plasma held no hæmoglobin,
His nucleolus in the right place
Was found, to love life less than honour,
Not to dread death so much as disgrace.

His life had been uninteresting
Till he wandered away from his home
In the left hypochondriac region,
Through the wide portal system to roam.
Where, mid cells "glycogenic" and "cholic,"
Bile-acids and pigments arise,
To assist duodenal digestion
To emulsify or peptonize.

Thence he passed by the veins called hepatic,
And inferior cava, in turn:
Through right auricle and valve tricuspid
Mid ventricular columns to churn.
Till in systole, through the pulmonic
Valves, he rushed, gladly seeking fresh air:
As trippers from Bury and Bolton,
On Whit-Monday to Blackpool repair.

But he might not rest there, and was hurried
On the scarlet flood back to the heart,
Then propelled quickly down the aorta
Towards the ligament named by Poupart:
Till from a dilated capillary,
Where Cimex made "stasis" supreme
He escaped, *comitante caterva*,
Never more to re-enter the stream.

He was not by nature athletic,
And his movements, amœboid in kind,
Just sufficient for diapedesis,
Or digestion: were he so inclined,
He could feed upon carbolized catgut,
And regard micrococci with scorn;
Yet nearly had "joined the majority"
Through rashly attacking a thorn.

But alas! on one terrible morning
As he paused, undecided to stay
In his safe subcutaneous dwelling,
Or down the lymphatics to stray
He discovered, *horribile dictu!*
That deadliest foe of his race,
An anthrax bacillus, preparing
To add to its number apace.

He knew it was death to encounter
Unaided, this terrible foe
And longed to fly for reinforcements
To assist the invader's o'erthrow:
For life seemed so wondrously pleasant,
With youth, health, and spirits combined;
Moreover, karyokinesis,
It was spring, had just entered his mind.

But he saw that delay would enable
The intruder to strengthen his hold
On the tissues, by multiplication;
So by patriotism made bold,
He dashed at that baleful bacillus
Determined to do or to die.
Exclaiming, "Dulce et decorum,"
"Pro patria semper mori."

And he fell! But he perished triumphant!
With the murderous anthrax held fast
In the grip of that dying corpuscle,
Till in close rigor mortis he passed.
And his colleagues, who eagerly hastened
To the conflict from far and from near
Discovered, completely surrounding
The germ, an immaculate sphere.

Then they tenderly closed round the carcase
Of their comrade so loyal and brave;
And turning to firm fibrous tissue,
Transformed themselves into his grave.
And the spot where he fell, thus encapsuled,
Is marked, since that glorious day
By a tiny cicatrix, enduring
Till the body itself shall decay.

RHODEL TAMU.

GUY'S HOSPITAL DENTAL DEPARTMENT.

ANALYSIS OF STUDENTS' WORK FOR JUNE, 1891.

Extractions. (Gas)	413
Extractions	390
Gold Fillings	189
Amalgam ,, ...	79
Osteo ,, ...	130
Perm. G.P. ,, ...	19
Temp. G.P. ,, ...	120
Scalings	29
Crowns	13
Regulations	59
Dentures	9
Splints	14
Dressings	150
Advice	34
Total	1648

APPOINTMENTS.

DREW, HENRY W., F.R.C.S., has been appointed Surgeon to the Croydon General Hospital.

ROWLANDS, J. D., M.R.C.S., L.S.A., has been appointed Coroner for the Borough of Carmarthen, vice John Hughes, resigned.

PASS LIST.

OXFORD UNIVERSITY.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

H. Cooper.

FORTHCOMING EVENTS.

July 13. Intermediate M.B. Lond. begins.
,, 22. Prize Competitions for First and Second Year's Students.
,, 25. Summer Session ends.
,, 28. First Conjoint Examination begins.

FOUND IN THE PARK.

Mary had a little lamb,
With feet as black as soot,
And into Mary's bread and milk
Its little feet it put.

Now Mary was an honest child,
And hated every sham;
And so the word which she let fly
Was mother to the lamb!

Sport.

LAWN TENNIS.

The Inter-Hospital Challenge Cup Competition was held at Chiswick Park on the Tuesday, Wednesday and Thursday of last week. It was originally arranged for Monday, Tuesday and Wednesday, but was suddenly altered on the Monday for the three following days, as King's and Charing Cross were playing off their tie in the semi-finals of the Cricket Cup, the latter club having five of their tennis team in the eleven.

Owing to the very fine and dry weather the courts were hard and played very fast.

Our team was composed of—

Singles.—1. W. I. Hancock; 2. W. H. Fisher; 3. C. R. Colley (captain).

Doubles.—1. Hancock and Fisher; 2. Colley and J. E Coulson; 3. W. H. Peake and B. F. Pendred, and though only second favourites, managed to beat the favourites (St. Thomas's) in the final and win the cup, which has never been held by any other than St. George's Hospital.

Hancock was too good for any one he met, so one had not the opportunity of seeing his capabilities, for he was never pushed in the slightest degree. We fancy had he met Walker we should have seen some exciting play. From the play of each with Knox (St. Thomas's) our man would be the better of the two, who, if he is not as dashing and severe, is safer, steadier and easier in his style than the old Light Blue.

Fisher also had things all his own way until he met Davies in the final, when all five sets were played. He completely wore down Davies, who at one time was 2 sets to 1, 4 games to 2, 40-30.

In their doubles Fisher and Hancock proved far too powerful a combination, winning their events without any trouble.

Our weak spot was the third pair. They had unfortunately had little or no practice together, a fact which caused their defeat by the King's pair, who were individually their inferiors; in the final their combination was much improved, enabling them to beat the St. Thomas's pair, an event which was looked upon as a certain thing for the favourites. It was winning this event quite early in the day that without doubt won us the cup, though had it been so close a thing as matches and sets all, we should have won by games.

Colley and Coulson had in the final to play what we think was really St. Thomas's best pair, their combination being out and away better than that of Knox and Davies. Colley was rather done up after his long struggle (lasting over two hours) in the single with Bird, and lost by only three games in the four sets; and as the cup was won before they had played a set, he and Coulson slacked off.

The Scores.—On Tuesday, June 17th, St. George's and Guy's byes. St. Thomas's w.o. University disqualified. King's College beat Charing Cross by 5 matches to 1.

On Wednesday St. Thomas beat St. Georges (holders), by 4 matches to 2, 8 sets to 4, 61 games to 42.

Singles.—C. Knox (St. T.) lost to A. Walker (St. G.), by 2 sets to 0 (3-6, 3-6). S. H. R. Davies (St. T.) beat A. S. R. Ransome (St. G.) by 2 sets to 0 (6-4, 6-4). J. H. W. Bird (St. T.) beat G. Hale (St. G.) by 2 sets to 0 (6-1, 6-1).

Doubles.—Knox and Davies (St. T.) lost to Walker and Ransome (St. G.) by 2 sets to 0 (3-6, 4-6). Bird and P. C. Low (St. T.) beat Hale and E. St. P. Sladen (St. G.) by 2 sets to 0 (6-2, 6-3). A. E. Thorpe and P. Jepson (St. T.), beat W. M. Woodhouse and F. S. Collard (St. G.), 2 sets to 0 (6-1, 6-1).

Guy's beat King's, 5 matches to 1, 10 sets to 3, 69 games to 37. King's had not as good a team against us as they had on the previous day, owing to H. M. Jones, their second single being unable to play.

Singles.—W. I. Hancock (G.) beat W. Turner (K.), 2 sets to 0 (6-0, 6-0). W. H. Fisher (G.) beat W. Warner (K), 2 sets to 0 (6-1, 6-4). C. R. Colley (G.) beat J. W. A. Cooper (K.), 2 sets to 1 (4-6, 6-4, 6-1).

Doubles.—Hancock and Fisher (G.) beat Turner and Warner (K.), 2 sets to 0 (6-4, 6-1). Colley and J. E. Coulson (G.) beat Cooper and G. R. Hannen (K.), 2 sets to 0 (6-2, 6-2). Peake and Pendred (G.) lost to M. Lange and W. Murray (K.) by 2 sets to love (5-7, 4-6).

Thursday (Final).—Guy's beat St. Thomas by 4 matches to 2, 13 sets to 8, 105 games to 85.

Singles.—W. I. Hancock (G.) beat C. Knox St. T.), 3 sets to 0 (6-3, 6-0, 6-2). W. H. Fisher (G.) beat S. H. R. Davies (St. T.), 3 sets to 2 (3-6, 6-4, 4-6, 6-4, 6-3). C. R. Colley (G.) lost to J. W. H. Bird (St. T.) by 3 sets to 1 (3-6, 5-7, 6-2, 5-7).

Doubles.—Hancock and Fisher (G.) beat Knox and Davies (St. T.), 3 sets to 0 (6-2, 6-3, 6-1). Colley and Coulson (G.) lost to Bird and P. C. Low (St. T.) by 3 sets to 0 (2-6, 3-6, 1-6). Peake and Pendred (G.) beat A. E. Thorpe and P. Jepson (St. T.), 3 sets to 0 (6-4, 7-5, 6-2).

GUY'S HOSPITAL BICYCLE CLUB.

It is proposed that the Club should go "on tour" in August, if enough members will join together to make a party. The itinerary would be somewhat as follows:—Leave Harwich about August 11th for Rotterdam, and thence follow the Rhine through Arnheim, Dusseldorf, Wiesbaden to Heidelberg. If time permits, a day or two might here be spent in exploring the beautiful scenery of the Neckar. Then from Heidelberg follow a somewhat similar route on the opposite bank of the Rhine as far as Cologne; here turn westwards and visit Aix-la-Chapelle, Liége, Namur, Waterloo and Brussels, finishing at Antwerp, whence by boat to Harwich.

A most delightful fortnight might thus be spent, and, if blest with fine weather, the tour ought to be a great success. Distance, daily, about 40 to 50 miles, thus allowing plenty of time to see the towns *en route*. Expenses—30s. at most for travelling and about 7s. per diem, making a total of, say, £7.

A cordial invite is herewith extended to all cycling members of the staff. All names of those who can and will go, to be sent in without delay to

G. LESLIE EASTES, Hon. Sec., G.H.B.C.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition.—For list apply, Medical Office, Guy's.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

WANTED in exchange for a very handsome prize bred Fox Terrier Dog, a good Disarticulated Skull. Apply O. Elliott, Belgrave, Leicester.

J. TYRRELL,

Surgical Boot Maker,

Successfully turns Talipes on to the straight and flat sole with LEATHER BOOTS, without pressure, pain, or any Metallic Instruments. Further particulars on application to 92, JERMYN STREET, ST. JAMES'S, S.W.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

AUGUST 1, 1891.

THE ALBERT UNIVERSITY.

After years of more or less patient waiting, London is on the eve of possessing a Teaching University which, among other things, will provide a reasonably accessible degree for medical students educated in the Metropolis. The more sanguine among us have thought that this much needed reform was on the point of attainment on several occasions since the Report of the Royal Commission, but even the most sceptical must admit that it became an accomplished fact when the judgment of the Privy Council was delivered last week in favour of the scheme of King's and University Colleges for the formation of the Albert University.

Proverbial as is the differing of doctors, we know no subject upon which it has been more difficult to guess what opinion any man would hold, than upon this much vexed one of how best to improve University, and especially Medical University, teaching in London. Upon the Scheme of the Senate of the present London University for its own reform, which was so remorselessly rejected by Convocation, we know that we took up a line which did not commend itself to the majority of our readers. At length we have reached a stage in the proceedings when all differences must be buried, and everyone interested in medical education must put his shoulder to the wheel to make the Albert University worthy of the great city to which it is to be locally attached.

The chief objection to the scheme of King's and University, that it would give too great predominance to the influences of these two colleges, has been removed by the safeguards introduced by the Privy Council, and by the wisdom of these Colleges themselves in recognising that no hole and corner affair would ever fitly represent a Metropolitan University.

The revised Charter, which the Privy Council have directed should be submitted to them, if possible, before the time comes in the ordinary course of things for their Lordships to disperse, will differ in some material points from the original draft. The alterations that interest us at Guy's most have reference to the position of the Medical Schools in the new University, and their representation upon its Council. There is little doubt, we hear, that all the Medical Schools in London, great and small, will take full advantage of the position offered them by the Privy Council, and enter the University at its formation as constituent Colleges of Medicine, and that as to the two proposed methods of representation, they will choose that which appears upon consideration to give them the greatest power in determining the medical curriculum, and generally asserting the just demands of their own students.

It seems probable that the Conjoint Royal Colleges will refuse the half loaf that is offered them, and will have to content themselves with the crumb of consolation that the M.D. of the new University will only be granted to men who are previously legally qualified to practice. But unless they see their way to much lowering their fees the qualification that the vast majority of men will take in the future will be L.S.A.,M.D.

(Alb. Met.), and our old friends, the Colleges, will have to find some other outlet for their energies. Perhaps they will join hands with the University of London and minister to the wants of the aristocracy of the profession throughout the empire.

For our part we must heartily congratulate the democracy on being so well suited by the Albert Metropolitan University, and in our joy at its establishment we cannot find a tear to add to the cataracts that are being wasted over its name. What's in a name?

A CASE OF URÆMIC COMA.

A. B., æt. 20, was admitted into John in April last in a comatose condition, at 6 p.m. The only history obtainable was the following—

Patient had drunk considerably during the last two years. Five weeks ago he noticed puffiness about the face; for this he was treated and got better. On the morning of the day he was admitted he had three "fits," in which he moved his arms and legs. He had vomited, and passed fæces under him.

On admission.—He was quite unconscious and could not be roused, with livid face and cold extremities. Pupils equal, moderately contracted, re-acting to light. Respirations 15 per minute, sighing in character, not stertorous. Pulse 70, regular, small, but incompressible. Temperature 98. The heart's impulse was in the eighth space, 1½ inch external to the nipple, and forcible in character. Nothing abnormal in the respiratory or abdominal organs. There was œdema of the legs, but not to any great extent. The breath had a distinctly urinous and characteristic odour. Skin dry.

The patient was given a hot-air bath immediately. At 8 p.m., as his condition had not improved, venisection to ʒxij was performed, and he was put on ozonic ether ♏iii. 2ndis horis. His condition improved somewhat after the bleeding, but not sufficiently to enable him to answer questions intelligibly. He relapsed again into coma, and died at 3 a.m.

At the post mortem the kidneys were found to be contracted and granular, the left ventricle much hypertrophied, and hæmorrhages into the retinæ.

Remarks.—There have been more than the average number of cases of coma admitted into the Hospital during the past three months; they are always difficult and responsible cases both in diagnosis and in treatment. In the present case the diagnosis depended partly on the history of œdema of the face (œdema of the face and upper extremities being usually renal), the "fits," the vomiting, and more even on the present condition, the œdema actually found, with hypertrophied heart, and the small hard pulse. The breath presented a typically uræmic odour of a peculiar penetrating nature, and this taken with the appearance of the face was of much assistance. We may compare this with a case admitted in a comatose state into John Ward on June 22nd, in which albumen was found in the urine, and it was thought to be a uræmic condition. The patient died shortly, and the post mortem revealed a fractured base of the skull. In this case the history of a slight fall down three steps, which fall was broken by the assistance of a friend, was thought to be too insufficient to indicate a traumatic origin, added to which the patient was supposed to have fallen in a fit.

Again, we may compare with either of these a case of a man of middle age brought into John on May 19th in a semi-comatose state in whom examination showed nothing definite beyond a slow laboured pulse of 54, and respiration 12 per minute.

Post mortem.—A cyst-like cavity containing fluid material was found in the right hemisphere. A clinical lecture was given on this case by Dr. Shaw, and the differential diagnosis of comatose states discussed.

H. P.

PLEURITIC PAIN.

It is well known that the pain of pleurisy may be felt in regions remote from the spot at which the pleuritic inflammation is situated. Thus, Watson says, "It may be felt in the shoulder; in the hollow of the axilla; beneath the clavicle; along the sternum; and sometimes it is complained of as extending over the whole of one side of the thorax." Audral states that he has observed the pain to prevail especially along the cartilaginous border of the false ribs, when the inflammation has attacked that portion of the pleura which covers the upper surface of the diaphragm . . . Sharp pain occupying the right hypochondrium belongs oftener to the pleura than to the peritoneum. Cruveilhier observes also that he has known the pain affect the loins, and simulate lumbago." Hilton, in "Rest and Pain," mentions an adult with double pleurisy whose complaint was of pain in the pit of the stomach. Probably many of your readers will have met with instances of this locality for pleuritic pain in the case of children.

The following case of "referred" pleuritic pain is an instance for which I have not hitherto met with any complete parallel.

Mrs. E. P., aged 47, had suffered all the winter from a bad cough, but had lately developed a new symptom. When the cough was at its worst (for it was more or less frequent both day and night) she now experienced a sharp pain down the inner side of the right arm.

During a violent fit of coughing this pain would shoot through the right breast and into the arm, and then the fingers of the hand would suddenly contract and become drawn up into the palm of the hand; so that she had several times dropped things which she had been holding when one of her paroxysms of coughing had seized her.

Examination of the chest shewed abundant rhonchi on both sides, and at the lower part of the axillary region on the right side an area of deficient resonance and diminished breath sound, together with considerable tenderness on pressure between the second and fourth ribs. A rub was heard here a day or two later, and in a few days more this, as well as the other signs of pleurisy ceased to be detected.

I suppose the intercosto-humeral nerve escapes implication in pleurisy in most cases of this disease. At any rate I have not met with another example of pleurisy in which it has so distinctly been involved.

I remember that while still at Guy's I was surprised at the very great frequency of signs of past pleurisy which were visible post mortem even when no history of a pleuritic attack during life had been given. Private practice leads me to think that very limited pleurisy is very common, and also that it is frequent in the course of bronchitis, and that too even in mild cases of bronchitis.

It would be interesting to know in what proportion of all adults positive evidence of the occurrence of old pleurisy is found post mortem. Even these figures would probably underrate somewhat its frequency, for it is not likely that all cases of limited inflammation of the pleura would leave indelible traces for the rest of life.

With Sir T. Watson "I am much disposed to agree with Cruveillier in thinking that pleurodyne is nothing else (in many cases at least) than adhesive pleurisy."

R. J. RYLE.

CLINICAL LECTURE BY Dr. HORROCKS.

Dr. Horrocks began his lecture by stating that any swelling of the external genitals was to be considered a tumour of the vulva, the following being the more common ones in order of frequency:—

1. Cancer. *a.* Epithelioma.
   b. Carcinoma.
   c. Sarcoma.
2. Cysts. *a.* Vulvo-vaginal, clear glairy fluid.
   b. Others rare.
3. Warts *a.* Syphilitic.
   b. Gonorrhœal-papillomata.
4. Lupus. Diagnosis from Syphilis.
   ,, ,, L. Hypertrophia.
   (Mr. Duncan.)
5. Lipomata.
6. Fibromata.
7. Neuromata.
8. Hæmatoma.

By far the most common occurs frequently in nulliparæ about 40; begins about the clitoris or labia majora; if the former, more often epithelioma, the latter being carcinoma. First shows itself as a little nodule, which very slowly enlarges; it is often 5 or 6 years after first notice that patients present themselves for treatment. The glands in the groin are early affected. In the early stages there is hardly any pain, the only symptoms being slight irritation, with increased micturition; later, as the growth extends, there is sharp darting pain.

Has to be diagnosed from—

1. Syphilis.
2. Lupus.
3. Gonorrhœa.
4. Cysts.

1. Yields to antisyphilitic treatment.

2. Œdema well marked, ulcer healing in centre, spreading at margins.

3. Generally multiple.

R.

CURES FOR HAY FEVER.

We quote the following from the hay contemporary. After discussing the symptoms, course and prognosis of hay fever the writer goes on to say:—

As for remedies, the number of them proves their futility. Some are ridiculous—the sort of thing doctors put in their books to fill up. One is to stay indoors with all the windows shut. And for how many weeks, pray, is this hygienic course to be pursued? Another, almost more farcical, is to plug the nostrils with cotton-wool, wear a respirator, spectacles, and a veil. If you escaped being run in for a lunatic at large, you would certainly have all the boys in the street after you. The nasal douche, as they call it, or spraying the nostrils with various things it does not matter much what—does a little temporary good, but is very troublesome. Tonics are useless, and sniffing at a bottle, if it acts at all, does so by hypnotic influence. There is only one remedy: the sea. The seaside is not enough. I have lived for years at the seaside, and had the wretched thing nearly as badly as ever. You must be on the water—that acts like a charm. But then the trouble comes back when you are on shore for any length of time; and in any case you have it again the next year. Is it possible to get rid of it altogether? Well, that is exactly what I have done. I should have said above that I *was* a martyr, not am. This year, beyond a few premonitory threatenings which came to nothing, I have been free, although a meadow lies under my window and the hay was making for a fortnight. But how or why this has happened I have not the remotest idea. After some fifteen years the thing has left me as suddenly as it came. Last year I was unprecedently bad in spite of a very wet hay season. This year I am in no better health. I live in the same place and follow the same occupations; yet I have gone scot-free through a fine (and therefore unfavorable) season. Will the doctors kindly explain.

Reviews.

We have received from Messrs. Lewis & Son a copy of the new edition of *Lewer's Diseases of Women*. This volume is a compact, and in nearly every point, an admirable treatise. The author does not attempt to enter very deeply into the causation and pathology of the various diseases, but tabulates carefully the various symptoms of diagnostic value, and gives cases in support of those symptoms. The work, therefore, must needs be supplemented by practice in the out-patient department and obstetric wards, and utilised in this way it will be found to meet every requirement.

A Manual of Diseases of the Nose and Throat, by Proctor S. Hutchinson (Lewis & Son), is hardly full enough for a special manual. There are no theories discussed or new views adduced or refuted, and it appears simply to be the work of the author's practice at home and at the Hospital for Diseases of the Throat. Looked at from this point of view it is no doubt a valuable summary of the diseases in connection with the nose, naso-pharynx, pharynx and larynx. The wood-cuts are carefully executed and are original. A number of new forms of nasal and laryngeal instruments are also figured.

Dr. Whitby, one of ourselves as used to was, has sent us a poem entitled "The Love Song of Barbara." The poetic editor is at present taking a holiday, and our muse on the subject of Barbara is therefore almost dumb. Suffice it to say that it tells of the Conception, Production and Realization of a Hope, in a truly sympathetic and masterly way, which we do not doubt will be appreciated by all Guy's men who read it.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

IN DEFENCE OF THE PHOTOGRAPHIC SOCIETY.

SIR,—As I hear that a report has been spread that this Society is defunct, I should be glad if you would permit me, as one of the Committee, to offer a few remarks on the subject.

I believe it is said that we do not do as much work as we should; I do not know how one could decide that point, but I am quite sure that a great deal more would be done were the studio kept in better order. The main object in erecting a "studio" is to have a room in which the amount of light shall be as nearly as possible equal to that in the open air; this object might be approximately attained in the Guy's studio if a very little occasional trouble were expended on it, in spite of the fact that it has the serious disadvantage of a sloping roof by which the light suffers considerable loss from reflection, and, I believe, to some degree from polarization. As it is, however, the glass is allowed to remain in such a filthy condition that frequently longer exposure is required in the studio than would suffice in the ward from which a patient is brought. If the windows were *properly* cleaned inside and out every three months this would be remedied; I say *properly*, because they were "cleaned" some six months ago, but it resulted in no appreciable diminution of the dirt.

In November, 1889, Dr. Pitt gave us permission to have the back wall repainted. The order was given to Chapman, but the job has not yet been put in hand.

The studio is fitted with the blinds necessary to control the illumination of subjects; these are theoretically satisfactory, but their use is greatly interfered with by the shower of dirt that falls every time they are used and which takes some time clearing away; if they could be dusted, say, once a year, it would greatly facilitate work. Moreover, at present one of the blinds is rendered practically useless owing to the coal men having, about six months ago, broken the block of wood to which one of its guiding wires is fixed. Chapman was told of this by the Artist, but, although it could be mended in about five minutes, it has not yet been done.

The dark room is in want of one or two trifling repairs, which would convert it from a somewhat unsatisfactory into a most thoroughly satisfactory one.

Many instances have occurred in which cases worthy of a photographic record have not been taken, or attempts to take them have failed, because of the impossibility of getting satisfactory results on account of the lengthy exposures required in the studio.

One point more; it seems we are expected to give copies of our photos to the Surgeon or Physician of the case, to the Registrar (for the report), and to the Museum; is not the latter an unnecessary tax in most cases? It is said that the Hospital repays us by giving us two plates for each negative we hand over to them, but in the first place one likes to keep one's own negatives, and secondly anyone availing himself of this arrangement is thereby debarred from exhibiting or entering any photographic competition as an amateur.—I am, Sir, yours very truly,

16th July, 1891. ERNEST H. CARTWRIGHT.

CLINICAL STATISTICS.

SIR,—In England everyone glories in the antiquity of the institutions by which the affairs of the country are managed. The nation has lived so long that every common problem has found some solution, and that solution is cherished and preserved as a sign of the length of the national pedigree. It is a question whether this state of affairs is productive of more good or more bad effects upon the national character. But is there any other reason why we should not make more use of the facts observed in clinical experience?

In any question of hereditary transmission of disease, everyone who is interested is baffled by the unreliability of the accounts given by the laity. When we endeavour to find out the family history of a doubtful case, the majority of the relations of a patient seem to have disappeared absolutely mysteriously: if the patient was a prolific cat or a blackbeetle this might not surprise us, but that there should be no record kept of the distribution of disease among civilized men is remarkable. An uninstructed laity cannot be expected to give more precise accounts than it generally does: they die of inflammation, or burst a blood-vessel, or have something wrong with their insides; nothing more definite can be expected.

Registers are already kept of every birth and every death in the kingdom, but no attempt is made to connect the two registers. Does it not seem possible that some arrangement might be devised by which these statistics, which even now are recorded, might be made use of. It would be necessary to have some means of identifying and referring rapidly to the birth registers, and to enter the death registers with statement of cause of death in the same page of the same book. That alone would be of immense importance in the collection of statistics of disease, and with a little amplification the registers could give even more useful information still. For instance, in the register every removal of malignant growth might be entered at the time of removal, or diseases such as acute rheumatism from which recovery had been made, at the time of recovery.

The difficulties of course seem to the non-official mind absolutely insuperable, but far less so surely than those of the elaborate anthropometric register which the police rejected on other grounds than those of difficulty.

Such a plan is actually under discussion in some of the colonies, but the lead should come from England where life is more settled.—Yours truly,

COLONIAL.

EXAMINERS AND EXAMINEES.

We had been talking to a young friend of ours who had just completely broken down in the middle of the London Intermediate. We were impressed furthermore by the desperately jaded appearance of the other Guy's men who had professedly been doing themselves justice at the same ordeal; and we went home with the feeling deeply rooted that there was something wrong somewhere.

That night a pleasant dream was vouchsafed to us. It began as a nightmare, in that there was a sense of impending examinations; but it gradually gave way to the pleasant sense of what seemed a realized ideal.

When the time came to go up, we arrived, not at the examination hall, but at what seemed to be a large private house in Harley Street, and we were received by a smiling and affable host. At first we felt that there was a mistake; but it was soon impressed upon us, that *we were to go into residence with the Examiner!*

Ourselves and several other candidates spent a week with him, and a very pleasant time it was! We had all the liberty consistent with the purpose for which we came; and, in fact, were treated in that respect much as jurymen are treated during the progress of a long trial. All the questions were *vivâ voce*, and, instead of being pumped upon us in one concentrated *douche* in the course of one terrible quarter of an hour, they were lightly thrown to us during the progress of a pleasant social day.

We could not even tell whether the talk during dinner, for instance, was merely a pleasant chat on professional subjects, or whether we were still being examined. Anyhow, the subjects were so delightfully varied by references to the German Emperor and the Naval Exhibition that we were completely at our ease, and consequently did ourselves justice. The examiner was one who had the art to conceal his art. Could there be further proof that we were dreaming.

When I left this pleasant roof to spend another week in a similar manner elsewhere, I found myself wondering how it was all done for the money, but, reflected, that possibly the College had had injustice from its critics all these years, and had been capitalizing its fees in order to realize this ideal.

The nearest approach that we ever heard of in real life to such relationships between examiner and examined was the case of a candidate for an Oxford Final Honours School. He had the misfortune, or, as it turned out, the good fortune, to write an illegible hand. The examiners gave up attempting to read his papers, but invited him to come and expound them personally, and he spent a large part of a pleasant summer's day in the garden of a Don, eating fruit and smoking cigarettes, while he explained his sentences to the patient examiner. He got a first class.

But it seldom happens that the two parties concerned in a viva are "as chummy as that." A dear friend of our own, whose manner is known to many in the Hospital as being somewhat "difficult" at times, was pilled in his anatomy at the College. We enquired the reason, for he knew his work. "Well," he said, "the Johnny was so deucedly affable that I was deucedly affable too, and he didn't seem to like it." The examiner was probably justified here; but the fact remains that as a rule not half enough trouble is taken to put the candidate at his ease.

We repeat it without fear of contradiction that a large proportion of examiners never cultivate the tact which is almost as essential as their knowledge. If the examiners had, as we said above, the art to conceal their art, the College would never have been stultified as it has been by the ridiculous results of recent First Fellowship examinations.

We ourselves were once engaged in trying to prepare histological slides during a practical examination at London when a well-known examiner at our elbow asked suddenly and gruffly (he had already read the papers): "Are you a morphologist?" "No," we answered modestly. "Then are you a physiologist?" It seemed better to disclaim this too; but the final query, "What *are* you, then?" so upset our equanimity that we did but little more mounting of specimens. We were certainly not a histologist, nor were we a successful candidate at that particular examination. Still the above remarks of the examiner, which are strictly true, were neither called for, nor fair.

On the other hand the examiners must occasionally enjoy the approaches towards a friendly footing which many candidates naively make. We have it on the very highest authority, as the journalists say, that a candidate at the last London Intermediate, finding the anatomy paper too much for him, passed his time by writing a letter to the examiner in the official answer book.

He explained his feelings, and went on to say that as he could not well leave before anybody else had finished, he took the opportunity of thus addressing the examiner. Of course, the candidate in this case obviously did not hope to gain anything by the trick, and no harm was done.

We have referred in Passim this week to a tendency recently shown by one examiner in particular, towards establishing an inquisition at the *vivâ voce* not alone into a candidate's knowledge, but into the precise history of its acquirement. We cannot think that this is in any sense an approach to the ideal relationship between examiner and examinee with which we have been dealing. Such questions can only be disconcerting to the latter, and are not likely to get a truthful answer at such a time.

Meanwhile, does it not behove the powers that be to recognise that the examiner is yet very far from a perfect product. His deficiencies are perhaps only just beginning to be found out.

Passim.

During the vacation the Gazette will only be published twice. A special number will be issued on September 26th, for which the Editor invites special articles. He would also be glad to receive a notice from every club in connection with the Hospital, stating the number of its members, the state of its finances, and the record of its work during the past two years.

We heartily congratulate those who have recently become fully qualified, and wish them and all our readers a pleasant holiday, a holiday which we ourselves dream of, as shining in a dim and distant future, but which we are very doubtful of ever being allowed to enjoy.

We are glad to hear that the Medical School has provisionally accepted the Scheme for the amalgamation of the various Clubs and Societies in connection with the Hospital. It now remains to convene a meeting of the Committees, and to determine the lines on which the Scheme shall be worked.

A number of lettters have been received anent the Musical and Dramatic Society which is about to be formed. Will all men who wish to become members, communicate with the Editor during the next few days, and a meeting will be arranged at which the details necessary to the success of the Society will be discussed.

We announce with regret the resignation by Mr. Parkin of the Surgical Registrarship. There is no doubt that his capacities as a teacher are of a high order, and we can personally testify to the pleasure it has been to us to go round with him. The only difficulty we had was to get near to the bed, as the crowd which attended him was always so great.

We understand that applications for the vacant Surgical Registrarship should be sent in to the Treasurer not later than the 15th September. The duties commence on 1st of October.

Mr. F. W. Hall and Mr. Every-Clayton have been appointed assistant demonstrators of anatomy for the coming year.

The candidates who have recently been examined in organic chemistry for the Intermediate M.B. at London University appear very unhappy and despondent. The amount of organic chemistry required by the examiners seems to differ at each examination, and at the last one all our candidates were asked at what medical school they had received their instruction. It is generally thought that numbers are allotted to the candidates in order that the examiners may be perfectly impartial, and a question like the one above is therefore entirely out of order.

The commissionaire's room adjoining the dissecting room is being enlarged, and more lockers are to be put up. This we believe is due to our remarks in a recent issue, complaining of the paucity of lockers for men at work in the Hospital who are not actually doing any appointment. It has only got over part of the difficulty however, for the men in the wards want a locker which is available at any time in the evening, whereas the commissionaire's room is closed at five.

May we remind the unsuccessful applicants for appointments that their failure may have been due to their not having sent their photographs in to the medical office.

MR. WADE, B.Sc., has been appointed an extra assistant in the chemical and public health laboratories.

THE new green books are now ready and may be obtained at the office. Several important alterations have been made, and the regulations for the Diploma of Public Health and the Gull Studentship have been added. The dental prospectuses are also ready.

WE are glad to hear that Mr. Shaw-Stewart has become an annual subscriber to the GAZETTE.

AN examination of candidates for commissions in the Navy Medical Department will be held in the Examination Hall, Thames Embankment, on Monday, November 2nd, 1891, in place of the one usually held in August.

ALL Guy's men will join with us in wishing Mr. and Mrs. Jacobson every happiness in their married life. Mr. Jacobson has endeared himself to all Guy's men with whom he has come in contact, and it is our hearty wish that he may long be spared to carry on his work amongst us.

A SPECIAL effort is now being made to establish a hall in Bermondsey for the advancement of the religious and educational interests of the inhabitants. It will be conducted on religious reunion lines, although the warden will be a Methodist, and it is hoped that men of all persuasions may be inclined to take rooms there, and to give an hour or two once a week to the holding of a class in science or arts.

A MEETING will be held at the beginning of the October term to bring this more prominently before the students, and we wish the settlement every success.

APPOINTMENT LIST.

The following Appointments have been made by the Medical Council, and approved by the Treasurer:—

HOUSE APPOINTMENTS.

House Physicians.—Messrs. J. S. Richards, M.B., B.S., (Dr. Hale White); W. Winslow, M.B., B.C. (Dr. Pye-Smith).

House Surgeons.—Messrs. R. S. Freeland, M.R.C.S., L.R.C.P. (Mr. Howse); H. B. Rygate, M.R.C.P., L.R.C.P. (Mr. Davies-Colley).

Assistant House Surgeons.—Messrs. H. Hodgson, M.R.C.S., L.R.C.P., W. G. Rogers, M.B.

MEDICAL APPOINTMENTS.

Obstetric Residents.—Messrs. F. S. Wood (October); F. G. Swayne (November); H. W. Webber (December).

Surgeon's Dressers.—Messrs. J. H. Muncaster, F. M. Turner, E. E. Fraser, S. Croneen, W. T. B. Donnelly, H. J. L. Wales (Mr. Durham); T. R. Taylor, E. T. Hamilton, A. L. Daldy, H. St. J. Fraser, F. P. S. Cresswell, T. D. Lister, (Mr. Howse); C. C. Elliot, R. L. Wason, C. N. Thomas, T. H. Evans, J. H. Joyce, O. C. Worthington (Mr. Colley); A. H. Godson, G. Mackeson, W. H. Fisher, W. S. Frith, G. T. Birdwood, J. D. Thomas, (Mr. Lucas).

Clinical Assistants.—Messrs. H. B. Bolus, F.W.Wilson, C. E. Salter, T. Holmes, A. W. Sheen, H. B. Wilkinson.

Dressers in the Eye Wards.—Messrs. F. G. Saffery, T. B. P. Davies (Mr. Higgens) (November). V. H. Barr, C. M. Fleury (Mr. Brailey) (November).

Assistant Physicians' Clerks.—Messrs. E. G. Annis, P. Hacquoil (Dr. Pitt); P. M. May (Dr. Perry); A. Shillitoe, R. H. Luce (Dr. Washbourn); T. S. Jackson (Dr. Shaw).

Post-Mortem Clerks.—Messrs. R. E. G. Phillips, F. M. Turner (November and December).

Obstetric Ward Clerks.—Messrs. F. Colclough, F. G. M. Philps, H. Cooper.

Obstetric Out-Patients' Clerk.—Mr. T. I. Mills.

Aural Surgeons' Dresser.—Mr. T. I. Mills (November).

Dental Surgeons' Dressers.—Messrs. A. Reeves, A. L. Roper, A. P. Allan (November).

Dressers in the Throat Department.—Messrs. P. Lord, J. R. R. Pollock, C. G. Gregar, A. L. Roper.

Clerk in the Electrical Department.—Mr. G. A. Skinner.

Medical Ward Clerks.—Messrs. A. Alexander, A. White, G. H. Steele, N. Instone, G. A. Skinner, E. S. Hoare, R. C. Kirkby, T. D. Manning, A. H. Trevor, E. L. Adams, E. S. Tuck, H. A. Hinds, J. B. Leathes, S. C. Cresswell, F. G. Hopkins, G. H. Field, H. C. Sharp, G. Lawrence.

Assistant Surgeons' Dressers.—Messrs. J. J. Culmer, J. W. H. Eyre, H. D. Eccles, A. G. Cooley, H. G. T. Major (Mr. Golding-Bird); W. E. De Korte, J. W. Taylor, F. J. Coleman, W. J. Johnson, G. F. Still (Mr. Jackson); A. H. Card, A. V. Chapman, H. P. Barker, A. B. Creak, D. M. Beddoe, (Mr. Symonds); F. N. Day, J. H. Godson, W. J. Burroughs, L. C. Burrell, L. Slater (Mr. Lane).

Surgical Ward Clerks.—Messrs. H. W. Graham, P. McK. Wilmot, C. E. Carpmael, C. R. Lucas, E. H. Drake, A. Chaning Pearce, A. J. Mathison, J. A. Howard, H. W. Collier, H. W. Beach, G. E. Manning, G. L. Eastes, W. L. Stewart, C. L. Hopkins, G. Jiminez, J. C. V. Wilkins, F. Cowan.

Assistant Surgeons' Clerks.—Messrs. H. M. Jones, W. J. Harris (Mr. Jacobson); A. P. Allan, R. O. Moon (Mr. Golding-Bird); W. Poole (Mr. Symonds; T. G. B. Coleman, R. D. Evans (Mr. Lane).

PASS LIST.

SECOND CONJOINT.

PASSED IN ANATOMY AND PHYSIOLOGY.

Beach, H. W.
Burrow, T.
Cowan, F.
Hughes, S.
Lucas, C. R.
Matthews, A. K.
Miller, A.
Mumford, W. G.
Peake, W. H.
Peatson, J. C.
Wilkins, J. C. V.

PASSED IN ANATOMY ONLY.

Annis, E. G.
Bensted, L.
Cloud, F. H. L.
Evison, F. A.
Henson, W. W.
Hewitson, H.
Hitchfield, A. R.
Humphreys, H. T.
Mathison, A. J.
Nicholson, T. M.
Price, W. M.
Roberts, E. S.
Sweetlove, J. W.
Wallis, S. S.
Zumbado, F.

PASSED IN PHYSIOLOGY ONLY.

Pitt, W. C.
Serjeant, R.
Stuart, W. L.

FINAL COLLEGE.

SURGERY.

Archdall, H. S.
Daldy, A. M.
Davies, T. B. P.
Emmet, J. W.
Grosvenor, A. A.
Hamilton, E. T. E.
Loveday, W. D.
Norris, A. E.
Luce, R. N.
Pollock, J. R. R.
Salter, C. E.
Simmonds, R. J.
Sichel, G. S.

MEDICINE.

Daldy, A. M.
Davies, T. B. P.
Jewell, J. W. F.
Lord, P.
Rayson, H. K.
Worthington, H. E.

MIDWIFERY.

Bensley, E. E.
Daldy, A. M.
Davies, T. B. P.
Fido, H. A.
Hamilton, E. T. E.
Landon, E. E. B.
Pollock, C.
Wheatcroft, E. W.

FAREWELL TO MR. F. M. RUSSELL.

On Thursday, July 23rd, a crowd of Hospital men assembled at Fenchurch Street Station to say farewell to Mr. F. M. Russell, who left England on board the Ruapehu for New Zealand.

"George" Russell, by which name he was always known, has been at the Hospital for seven years, during which time he has held the posts of secretary and captain of the Rugby Football Club, and was in the cricket eleven for three years. Besides this he has served on various committees, including those of the Athletic, Students' Club, and Gymnasium, and has rendered valuable service in all of them.

Before leaving, he was presented with a very handsome Tantalus by his friends at the Hospital, as a memento of their friendship and their sorrow at losing him.

Mr. Russell was always a very keen supporter of sports at the Hospital, and has left many friends behind him here who wish him God-speed and success in his new life.

EXAMINATION PAPERS.

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE: JULY, 1891.

A.—PASS QUESTIONS.

Anatomy (Morning 10 to 1).—1. What dissection is necessary fully to expose the sacral plexus of nerves. Describe the formation and mode of branching of the plexus. Trace the several branches (with the exception of the great sciatic) to their ultimate destinations. 2. Describe in detail the several branches of the thyroid axis, mentioning their course, relations, distribution and anastomoses. 3. The skull having been opened and the brain removed, describe how you would proceed to show the branches of the inferior division of the third nerve, noting in their relative positions the parts met with.

B.—HONOURS QUESTIONS.

4. Describe the sections necessary to exhibit the internal capsule of the corpus striatum. What are the constituent fibres of this structure? Trace each set upwards and downwards. 5. Describe the steps of a dissection required to expose from the outside the vertical portion of the tensor palati muscle and the levator palati, mentioning in their relative positions the parts met with. 6. What are the structural arrangements in the hip, knee and ankle joints, directly concerned in the maintenance of the upright position with the least possible muscular action?

A.—PASS QUESTIONS.

Anatomy (Afternoon, 2 to 5).—1. Describe the dissection necessary to expose the internal pterygoid muscle. Give its attachments, vascular and nervous supply and relations. What are the actions of this muscle, and

how are they modified by the co-operation of the other mandibular muscles? 2. Describe with exactness the bony cavity known as the nasal fossa, the sinuses which communicate with it, the foramina which open into it, and the vessels and nerves that in the recent state are found within it. 3. Give a description of the œsophagus, its relations, and structure so far as it can be discerned by the naked eye. What are the superficial landmarks which indicate the levels of its commencement and of its termination?

B.—Honours Questions.

4. Give an account of the sources and course of the several cardiac nerves. Describe the plexuses connected with them, and trace their distribution as far as it can be followed by the naked eye. 5. Describe the steps of a dissection by which you would expose the occipital artery from its origin to its termination. Give its relations, branches, and anastomoses. 6. Give an account of the development and descent of the testis. Describe in detail its structure.

A.—Pass Questions.

Physiology.—1. Describe the method of taking a tracing of arterial blood-pressure. What effect on arterial blood-pressure has stimulation of the central end of the depressor nerve? What path is taken by the nervous impulses which produce this effect? 2. Describe the different forms of nerve-cells which have been found in the peripheral nervous system of vertebrates. 3. What degenerations can be observed in the spinal cord and medulla as the result of hemisection of the spinal cord? 4. Describe the histological structure of the uterus, and the development and functions of the placenta. 5. Give the chief characteristics of albumins, globulins, albumoses, and peptones. By what agencies may an albumin be converted into a peptone? 6. Write a description of hæmoglobin and of oxyhæmoglobin. What light has the spectroscopic investigation of these substances thrown on the physiology of respiration.

B.—Honours Questions.

7. What substances, when introduced into the vessels of a living animal, modify the power of clotting of the blood? How do you explain the effects produced? 8. What effects are produced in the submaxillary gland of a dog or cat by section of the chorda tympani nerve? How do you account for these effects? 9. Discuss the question of the mode of formation of the hydrochloric acid of the gastric juice. 10. Give an account of the structure and function of the membranous portion of the internal ear, omitting the cochlea. 11. Explain the terms "luxus consumption," and "proteid-sparing foods." What views have been and are at present held regarding luxus consumption? In connection with proteid-sparing food, state what is known of the part played by gelatine in nutrition. 12. What use have physiologists made of atropin, and of curari, in the investigation of muscular, nervous, and glandular tissues? Describe in detail an experiment with one of these substances, and the results obtained from it.

A.—Pass Questions.

Organic Chemistry.—1. State the conditions under which lactic acid may be formed (*a*) from aldehyd; (*b*) from propionic acid; and (*c*) from glucose. In what respect does the lactic acid from milk differ from the lactic acid from flesh? 2. What products are obtained from bitter almonds (*a*) by pressure; (*b*) by distillation with water? Why is the former product called an ethereal salt or ester (compound ether), and the latter an aldehyd? 3. Give a brief account of the sources, composition and chief properties of (*a*) quinol (hydroquinine); (*b*) gallic acid; and (*c*) pyrogallol. Explain the relation of each to phenol. 4. What is the difference in composition and in properties between a simple ether and an ethereal salt? Give examples. 5. You are required to prepare crystallised specimens of hydrogen, potassium, oxalate, and potassium oxalate from potassium carbonate and oxalic acid. Describe exactly how you would proceed. 6. What are the characteristic properties of cane sugar, milk sugar, and maltose? On what evidence is it assumed that starch and cellulose are related to glucose?

B.—Honours Questions.

1. Give a synopsis of the chief distinctive characters of the two isomeric forms of cyanides, cyanates, and thiocyanates, with formulæ expressive of the constitution usually assigned to each. 2. Describe exactly the experimental method you would adopt in order to prepare cinnamic acid from benzaldehyd, cymene from common turpentine oil, and cyanuric acid from urea. 3. To what substance or substances is the astringency of various vegetable extracts ascribed; by what tests are they recognised; and what is known concerning their constitution? 4. What sort of substance is phosphorus pentachloride, and what use is made of it in determining the constitution of organic compounds? Give examples. 5. Give an account of the methods by which carbohydrates of the glucose group have been artificially produced. 6. State the experimental evidence by means of which you are able to determine the class to which each of the following compounds belong:—phenol, ethylic acetate, glycerole, aniline.

A.—Pass Questions.

Materia Medica and Pharmaceutical Chemistry.—1. Enumerate the compounds of Iron which are not astringent, and describe the method of preparation of each. 2. State what you know of Kino, it characters, composition, official preparation, action, and dose. 3. What are the various forms of Alcohol employed in the Pharmacopœia? State how they are prepared, and give their distinctive properties. 4. Enumerate the drugs which act as Anthelmintics. Give their preparations, and the doses in which they are employed; and describe the method of administering them. 5. What are Suppositories, and how are they prepared? Enumerate the suppositories in the Pharmacopœia, and state the proportion of active ingredient in each. 6. Give the actions and doses of the following:—Oleum

Terebinthinæ, Acidum Carbolicum, Antimonium, Tartaratum, Acidum Hydrocyanicum Dilutum, Copaiba.

B.—Honours Questions.

7. What are the actions of Hydrargyrum and its compounds? Enumerate the preparations of Hydrargyrum and of Hydrargyri Subchloridum. 8. Describe Argenti Nitras, its chemical and physical properties, its internal and external actions. What other Caustics are employed, and in what respect do they differ in action from Argenti Nitras? 9. Give the chemical composition, preparation, and physiological actions of Chloral Hydras, and of Butyl-Chloral Hydras. 10. Give an account of Colchicum, including its active principle, its preparations and their doses, and its physiological actions. 11. Define Tinctures, Infusions, and Decoctions. Describe the various methods by which Tinctures are prepared, and give reasons for the different solvents employed. In what doses respectively are Tinctures, Infusions, and Decoctions ordinarily employed? Specify exceptions. 12. What drugs act as Local Anæsthetics? Describe the modes in which they are employed.

Materia Medica and Pharmaceutical Chemistry.—1. State what you know of Alkaloids; their origin, nature, the chemical tests by which they are distinguished from other compounds, and the general principles of their extraction, Give the formulæ of the official salts of Morphinæ, Quininæ, and Atropinæ. What advantages are there in employing Alkaloids rather than the drugs from which they are obtained? 2. Describe in detail, and discuss the actions of Iodine, and of the various official Iodides. 3. What are the various Antipyretics employed in the Pharmacopœia? Discuss their possible modes of action. State the doses in which they may be used, and describe the prejudicial effects which may result from their employment in overdoses.

A BABOO'S ESSAY ON INFLUENZA.

The Indian papers contain the following essay on influenza, written by a Baboo, at the request of a gentleman to whom he applied for an appointment worth Rs. 25 a month,

"Sir,—As I am requested by your honour to write an essay on influenza, all I can say is that this infernal epidemic, which has fallen on our mother country like a great calamity, is caused by the concentrated efforts of minute bacus of the animalculæ tribe of unforseen microscopical animal life. Like the old plagues of Egypt, it is deteriorating in the extreme, carrying its venomous degenerating contamination through every household families, not excepting your humble servant, who has suffered too much the details of fever in its augmented state with a pertinacity that would have done the heart of Euscapalius good to have intervieud. Notwithstanding, nevertheless, I am now all square, your honour, enjoying salubrity of health, hence my ability to write this hard subject matter. Although this infernal, inhuman disease, is not dangerous except for the old decripid one foot in the grave sort of paralytic people, yet it is fraught with too great after consequences, such as Pneumonia, Bronchitis, Catarrah, et hot genus omne (you see I am versed in few Latin terms), causing thereby some care to be taken with ourselves afterwards. It is a great pity your honour asked me to write such kind of great difficult, inexperienced task, no B.A., I am sure, would be spritely enough to attempt to undertake such eccentric task without purloining his intellectual faculties to the utmost tension. Your honour will kindly excuse my writing to a greater length, although I could give much information on the statistic of this great and downfelling disease on bed with all items of fever and nose running all day and night my wife is still suffering, but I am earnestly working the oracle with the gods to minimize the malady by giving alms and all things to poor helpless beggars asking much, from your humble servant who is at present greatly impecunious for want of job, two children besides wife and myself to feed. Hoping to be favoured by your kind consideration."

LONDON IN JULY.

The end of July is regarded by a very large proportion of Londoners as a signal for transmigrations; and as in October the house tops and telegraph wires are thronged with swallows preparing for flight, so at this season the railway stations are thronged with the holiday-seekers. But the true Londoner—like his companion, the London sparrow—is not a bird of passage. He does not understand the dissatisfied mind that cannot take its holiday where its life is spent. He argues, and surely argues with force, that to leave his home at a time of year when the English climate is most reliable is to admit that his life at home is not to his liking; and the life and the home are of his own making, so that the admission amounts to an admission of failure in the conduct of his life. Now the true Londoner is a philosopher. The conduct of his life is his one study, the one thing in which he excels. He lives the perfect life. He will not sacrifice health and happiness for anything. He lives all the year round a life upon which no improvement can be made. He has his recreation, his walks, rides, or drives in the country, when he wants them; or, if he does not, it is because he does not want them, or wisely prefers his occupations in the town; in that case, though he may be alive to the pleasures of the country, he sees pleasure in the town which he has had the good sense to value more highly and to enjoy without repining for what others of a different constitution take delight in. He is not so foolish as to suppose that he can live the life of a slave and drudge for eleven months in the year, and then attain happiness by going for the twelfth into the country, and trying to live a life of which he knows nothing—"picking of daisies or smelling to a lock of hay," as Will Honeycomb describes it.

Slavery and drudgery he will not tolerate for a day; he knows how to enjoy every minute of the year in London. And as the spectator says his greatest difficulty in the country is to find sport, and in town to choose it. And if some of us who are meant for Londoners do take a month or more away from it and do find sport in the country, what are the feelings with which we return? The country life is less highly organized; we may in a few weeks contract the country habit, whereas the London habit took us as many years to assume. We return unfitted for the change of circumstances: we have to begin again from the beginning to study the high art of living in town. If we are wise we regret every moment we spent away from it; but if we are not we mope and complain, are turned into drudges, toiling in confinement and have lost for ever that peace of mind that is so prominent a trait in the true Londoner.

When is London so delightful as in August; the streets are thinned of all malcontents: those who have it in them are left proud of their choice of showing the London blood. This is a link and tie which makes a society such as no "London Season," so-called, can pretend to.

APPOINTMENTS.

DU BUISSON, E. W., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed Honorary Assistant Medical Officer to the Home and Infirmary for Sick Children and South London Dispensary for Women, Lower Sydenham, S.E.

PENFOLD, F, W. H., M.R.C.S. Eng., has been appointed Medical Officer for the Rainham District of the Milton Union, *vice* Dr. Penfold, deceased.

ROWLANDS, J. D., M.R.C.S., L.S.A., has been elected Coroner for the Borough of Caermarthen, *vice* John Hughes, F.R.C.S., resigned.

Birth.

ALEXANDER.—On July 21st, at Gatefield House, Faversham, the wife of Sidney R. Alexander, M.D. Lond., of a daughter.

Marriages.

MAGGS—BRISTOWE.—On July 1st, at St. Stephen's, South Dulwich, William Adolphus Maggs, L.R.C.P., M.R.C.S., of Hanover Square, to Alice Maude, second daughter of R. H. Bristowe, of Wavetree, Sydenham-hill.

MOURILYAN—BINNY.—On June 30th, at St. Jude's, South Kensington, Edward Pain Mourilyan, M.B. Lond., R.N., only son of Capt. Mourilyan, R.N., of St. George's Lodge, Deal, to Mabel Lilian, younger daughter of Mrs. John Binny, of Sydney, New South Wales.

Death.

MANBY.—On July 1st, at Guernsey, Frederick Edward Manby, F.R.C.S. Eng., of Wolverhampton, aged 46 years, eldest son of the late Frederic Manby, of East Rudham, Suffolk.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

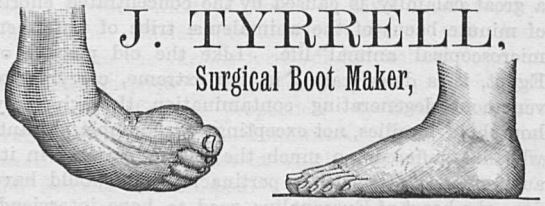
FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition.—For list apply, Medical Office, Guy's.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

WANTED in exchange for a very handsome prize bred Fox Terrier Dog, a good Disarticulated Skull. Apply O. Elliott, Belgrave, Leicester.



Successfully turns Talipes on to the straight and flat sole with LEATHER BOOTS, without pressure, pain, or any Metallic Instruments. Further particulars on application to 92, JERMYN STREET, ST. JAMES'S, S.W.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

AUGUST 22, 1891.

HYGIENE.

The flourish of trumpets which has sounded in honour of Hygiene during the past fortnight will, let us hope, still further advance the cause of Preventive Medicine in England. There is, however, a side to the question which is hardly appreciated by the profession at large.

The Medical Officer of Health is hardly as absolute a sovereign as he ought to be; the Vestry still rule the roost, and the builders know this full well, and make arrangements accordingly. This fact is especially evident in the matter of drainage. A builder erects a row of houses, a road which will very probably have a number of smaller ones opening into it before many years have passed; yet he is allowed to put in a drain, the diameter of which is just sufficient for the drainage of those houses which he has built, but utterly inadequate to control the influx from the various adjacent turnings when they also require it. The consequence is that, when there is at all a heavy shower of rain, the sewage is forced back along the house drain, and overflows into the ground floors of the houses which were built earliest, and the stench arising from its decomposition must cause disease.

This has recently occurred in a large road in Kentish Town, and the only help which the inhabitants receive from the Vestry is a plentiful supply of carbolic acid powder.

Such facts as these deserve to be prominently brought forward, in order that like cases may be quoted and a remedy provided. There is no doubt that the only remedy for the above state of things is to put down a larger drain; but if the builder had been compelled to do this at first, and part of the expense had been borne by the Vestry, such a state of things would never have occurred.

Another hygienic evil which demands attention is the size of the waste preventors supplied to the smaller houses springing up round London. Some of the Water Companies labour under the strange delusion that the smaller a house is, the smaller its waste preventors may be made, and we have been told that before a builder can have the water laid on to his houses he must have had these iniquitous contrivances put up. A large one would no doubt flush out the closet, but a small one only stirs up the sediment and leaves it to undergo putrefactive changes and so become a source of untold evil to all whose bedrooms are near it.

Such conditions as these are evils which a practical student in Hygiene should try and set right before he listens to dissertations on curvature of the spine caused by the positions adopted by Board School children when writing their exercises.

NURSING.—ARTICLE I.

The Mental and Physical Qualifications for Nursing.

Before discussing the qualities of mind and body with which a nurse ought to be endowed, it is necessary to give a general idea of what the word "Nursing" conveys to the mind of the laity and what it ought to mean to the medical profession.

On being asked to recommend a nurse, what is a medical man often asked for? To send someone to sit up with the patient in order to save the friends the trouble of doing so: to prevent the servants having to run up and down stairs with the food and medicines; not to *nurse* the patient better than they can themselves. The laity, in fact, want a drudge, not a person to take sole charge of the sick room, and to be looked after and waited on as being a responsible individual endowed with the gift of nursing in a far greater measure than themselves. Oftentimes they look upon the nurse as possessed of but little special knowledge beyond what is required for the administering of medicines or the making of poultices; they seem to think she is to be regarded with suspicion as likely to try and carry things with a high hand, and to be wanting in common sense and a power of judgment, and they therefore think for her and suggest a number of things which would not only be very deleterious to the patient, but which also are very trying to the feelings of the unfortunate to whom they are suggested.

The question is, has the public any right to hold this idea of a nurse? Anyone who has had the experience of hospital practice will answer, Yes; for there is no doubt that a large number of the nurses who leave our hospitals are absolutely unfitted for their work. This is not the result of their training, for the teaching may have been excellent and the technical knowledge acquired may be of high order, but the necessary qualities inherent in the individual are wanting.

A woman ought therefore to think seriously before she adopts nursing as her calling, and to make herself perfectly sure that she has these qualities, without which all her energies will be thrown away.

In the first place she must have the gift of sympathy. She may have a quantity of pity, but unless she can ascend or descend to the level of her patient, can appreciate his or her position, estimate the suffering and allow for the idiosyncrasies, she can never become a nurse in the right interpretation of the term.

Secondly, she must feel that she is able to keep her womanly nature in spite of the duties she will have to perform and the sights she will have to see. She must never allow that veneer, acquired no doubt by a misinterpretation of the sufferings of her charges, that case-hardening through which it is so difficult to penetrate, to become part of her, or she will become a mechanical thing, taking her patients their food and medicines, making their beds, and showing a professional interest in their ailments, a state of things as far removed from real nursing as nursing is from the duties of a housemaid.

I have no doubt that many will disagree with this sympathy of which I speak, they will say that patients get on better when they are not "humoured"; and they will add that a Hospital nurse has not time to talk to her patients in this manner, and that she would not be able to distinguish between those who really needed

sympathy and those whose morbid, hypochondriacal natures made them crave for consolation in imaginary complaints and so put them in a worse plight than they were without it.

My next nursing attribute will enable her to surmount this difficulty, and that is "a sound judgment." She is not asked to talk to her patients unnecessarily, she will soon learn to know when they require her help by the change of face, of attitude, or of voice.

Those who are taking up nursing work, then, must have the power of judging for themselves; they must also have the faculty of intuitive perception. They must contract the habit of observing without being observed. Nurses often say they cannot do this because the patients dislike being watched, but the excuse is a poor one; it is not by staring at a patient that the really observant nurses learn what they want to know.

Another most important quality for a nurse is "intelligence." She must be able to air a room without creating a draught, to feel a pulse without waking a patient, to know when to rouse a sleeping patient to give medicine, and when to let him rest. When he gets up for the first time it ought to occur to her that he may be faint, or cold, and she should be near him to render help if necessary. She must have the intelligence to make use of her observations for the benefit of the medical man, who only sees the case once a day, or during convalescence only twice a week.

Many nurses pride themselves on their unreasoning obedience to the orders of the physician or surgeon. It is nothing to be proud of; they may well be proud of *intelligent* obedience, a quality of which they cannot possess enough.

Lastly, a nurse must be physically able to do the hard work which will fall to her lot. What that work is I shall describe in the next article, but she must possess powers of endurance and patience which are not dreamt of by numbers of those who become probationers at our hospitals. She must have an appreciation of homely food, and must not expect dainties. She may demand to have good and well-cooked meats, and it is a scandalous thing if the nursing staff is not fed well, for their work entails a strain which only good food can enable them to sustain. She ought also to be able to look forward to a fair salary in appreciation of her services when she has taken her certificates. That salary ought also to be large enough to keep her from any money worries, and she ought to be cared for herself when she falls ill, and any expenses entailed during her illness ought to be met. She ought also to have every inducement offered to her to supplement her knowledge in every way, provided she shows that she is doing her best to learn the art of nursing, and is already possessed of the qualities of patience, sympathy, good judgment, intelligence and womanliness.

G.M.

A CASE OF COMPRESSION-PARAPLEGIA.

A. B. L., a young man of 26, was admitted into Stephen on July 1st with complete paraplegia. Up till June, except for slight chronic bronchitis, he had as a rule enjoyed good health. His occupation was not laborious, he had not been exposed to cold or wet, and he had had no venereal disease.

On July 19th he felt a pain in the epigastrium which went right through to the spine, between the scapulæ. This pain continuing, on June 26th he consulted a medical man, and was treated apparently for pleurisy. The pain continued with slight intermissions until the

29th, the patient meantime keeping on with his work, though losing flesh. On that evening he came home from work feeling ill, and went to bed early. At six o'clock next morning, on getting out of bed, his legs gave way under him and he fell, but managed to clamber into bed again unaided. A doctor was called in, who found the lower extremities paralysed. Next day, July 1st, patient was admitted into the Hospital.

Condition on admission.—Complete paralysis of both lower limbs, with complete anæsthesia and analgesia. The anæsthesia extends up to nipple line and keeps the same level round the chest, not following the line of the ribs. There is no zone of hyperæsthesia. In the epigastrium the anæsthesia is incomplete, a slight tingling sensation being felt when the skin here is touched. There is loss of knee-jerk on each side, together with the abdominal, epigastric, and cremasteric reflexes: the plantar reflexes are just perceptible. The bladder is paralyzed this morning for the first time, and the urine dribbles away whenever the bladder is allowed to become distended. Sphincter ani apparently unaffected.

The abdominal and intercostal muscles are paralyzed, the breathing being diaphragmatic. Tache cérébrale is easily obtained on the skin over the abdomen.

No facial, occulo-motor, or laryngeal paralysis. Pupils dilated, active, equal: no optic neuritis.

Spine.—No tenderness on pressure on any of the vertebræ. The 8th dorsal spine is abnormally prominent and immediately below it is a well-marked depression, but there is no tenderness here. There is a large rapidly spreading bed-sore over the sacrum, and between the scapulæ another is threatening on the site of a mustard poultice applied by the patient at home.

Circulatory System.—Normal.

Respiratory System.—Both chests full of mucous râles and rhonchi, and both hyper-resonant and barrel-shaped.

Digestive System.—Normal: bowels constipated. Temperature rising, from 101° in the morning to 104° in the evening.

July 2nd.—Anæsthesia has advanced another 1½in. upwards above the nipple line. T. 103°. Patient kept on his side on a water bed on account of the bed sore.

3rd.—Paraplegic symptoms unaltered. Bladder emptied by catheter three times a day: urine remains acid. The temp. rose steadily all day, reaching 105·4° at 6 p.m.; antefebrin given without effect.

4th.—Temp. remains at about 105°. In the morning the urine was foul and ammoniacal; this evening it is acid again. Pulse weak and fluttering: mist. ammoniæ given every two hours.

5th.—Urine acid, but contains pus. Respiration is getting more and more laboured, the tubes being blocked with muco-pus and most of the expiratory muscles being paralysed. The muscles of the lower extremities were tested to-day for the RD, but KCC was found in all cases greater than ACC. The bladder is regularly washed out with Thompson's fluid. Abdomen distended and tympanitic.

7th.—Diarrhœa last night, the motions being passed unconsciously. Abdominal distension lessened and respiration easier.

8th.—Through the paralysed walls narrow undilated coils of intestine may be seen, running chiefly transversely. Bed-sore healing slightly. Temp. fluctuates between 100° and 103°.

11th.—Severe rigor this morning, accompanied by profuse perspiration; the temp., instead of rising, fell from 102° to 100°. The right knee found red and swollen, but no pain or indeed any sensation in it. The corresponding calf also very œdematous.

14th.—Patient felt his motions pass to-day; also a sensation "as if something were circulating in his legs."

16th.—Some slight sensation has returned in parts of the chest and abdomen in an irregular manner. Reflexes as before. Temp. 103°.

17th.—Patient, as usual, thinks he is better this morning, but is undoubtedly worse. His mind wanders at times and the returning sensation of yesterday has gone again to-day. In the evening drank some carbolic lotion (1 in 40), quantity unknown, out of a porringer in which his catheter was soaking. No ill-effects visible.

18th.—Delirium more pronounced to-day: no carboluria. Temp. rose steadily from 101·6° at 10 a.m. to 106° at 6 p.m., when it was brought down by sponging to 103°.

19th.—Restless muttering delirium during the night. Temp. rose steadily to 106·4°: the pulse grew more rapid, 156°, and feeble; the patient became unconscious, and died at 6.40 a.m.

At the autopsy the spinal canal was found full of pus, which had apparently been formed in the upper part of the spine and had run down and collected in the lower part. In several places the pus had forced its way through the intervertebral foramina, dissecting up the pleurae from the posterior thoracic walls and forming large collections behind them. The anterior surface of the 1st left rib was denuded of its periosteum and bathed in pus. In the body of the 1st dorsal vertebra at its junction with the head of this rib was a small patch of

caries about the size of a pea. No other carious spot could be detected after the most careful search in any part of the spinal column or ribs. It appeared then that suppuration started in disease of the body of the first dorsal vertebra, and that the pus ran down in one direction over the 1st rib stripping off its periosteum, in another down the vertebral canal compressing the cord. The spinal membranes were injected, but the cord itself shewed no signs of softening.

It is on account of its close simulation of acute myelitis that this case seemed worthy of record. In fact the results of the autopsy came as a complete surprise, a diagnosis of acute myelitis having been pretty confidently given.

There were one or two circumstances in the case that might have suggested a compression paraplegia.

1. The mode of onset. There were no premonitory tingling or numb sensations in the extremities, but the first symptom was pain in the epigastrium shooting through to the back, and suggestive of something pressing on the roots of the dorsal nerves.

2. The irregularity of the 8th dorsal spine was suggestive of caries, but pressure elicited no tenderness and, as a matter of fact, the irregularity was an accidental thing of no relation to disease.

3. The line of anæsthesia did not gradually creep upwards as in a typical case of myelitis. True it did advance on one occasion, and this advance was used as an argument in favour of myelitis, but it did not creep up from day to day. On the other hand, acute myelitis may not run its typical course, and may be arrested at any point for some time, or until the patient's death.

A correct diagnosis in this case would appear then to have been almost impossible, at any rate until long after the time when surgical interference could be held admissible.

RECENT PUBLICATIONS.

Champneys' Painful Menstruation the Harveian Lectures, 1890. Royal 8vo., 7/6.

Hartridge's Refraction of the Eye. 5th Edition, Post 8vo., 6/-.

Macnamara and Hartridge's Diseases and Refraction of the Eye. 5th Edition, Post 8vo., 10/6.

Squires' Pharmacopœias of Twenty-nine of the London Hospitals. 6th Edition, Revised, 12mo., 6/-.

Yeo's Treatment of Typhoid Fever, especially by Antiseptic remedies. 18mo., 1/6.

The Guy's Dramatic and Musical Society.

The first meeting of this Society was held last week, when arrangements were made for part of the progamme for the coming winter session.

It was proposed that Mr. Symonds should be asked to become the President, an office he has very kindly consented to fill. Mr. Dunn was invited to become Vice-President. The following Officers were also elected—

General Manager	...	E. Jackson Lang.
Stage Manager	...	A. Allport.
Hon. Treasurer	...	G. A. Skinner.
Hon. Secretary	...	G. Mackeson.

It was proposed to give a theatrical performance in January in aid of one of the charities in connection with the Hospital. Mr. Lang was asked to select a short comedy and a farce for this purpose, and to distribute the characters to those members whom he thought most capable of filling them.

It was agreed to form a choir for the purpose of practising a cantata and glees, and a sub-committee was appointed to choose suitable music and to report to the Society as to the best means of carrying out the practices.

The Secretary would be glad to have the names of any men who can sing tenor or alto, in order that the glees may be learnt by them before the opening of the winter session, when the practices will begin.

Mr. Charles Collette has promised to render any assistance he can during the rehearsals of the dramatic pieces, and Miss Mary Collette has kindly promised to take part in them if possible.

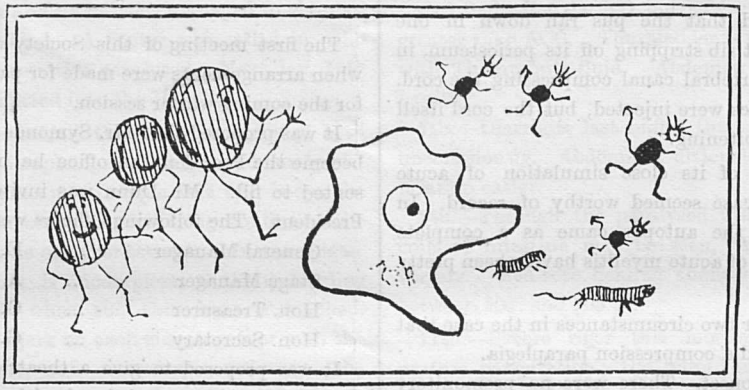
ANSWERS TO CORRESPONDENTS.

The poem sent by *Goose Step* will be incorporated with an article on the same subject, and issued for private circulation.

The enquiry as to the distribution of the Hospital Sunday Fund was unsigned, and cannot, therefore, be dealt with.

On enquiry we learn that *A. L.* is correct in his statement that a student will not be given the post of House Surgeon unless he has done six months' dressing to a senior surgeon, but he can become Assistant House Surgeon, and so render himself eligible for the higher appointment.

PSEUDO-TRIOLETS MICROBIENS.



Les globules rouges
Ne jamais bougent
Pour se defendre contre microbes.

Les globules blancs
Marchent en avant
Et tous les bacilles englobent.

Vive! Phagocyte!
Gens d'arme élite!
Brave fils de mon mésoderme.

Corpuscule blanc!
Nages dans mon sang
Et manges chaque bacille et germe!

Si tu as faim
Pourquoi je crains
Toutes espéces microbiennes.

Tu manges facile
Foules des bacilles
Et n'en laisses presque rien.

A. de SANG.

Passim.

We propose to publish a series of articles on Nursing—the subjects being:

1. The Mental and Physical Qualifications for Nursing.
2. Hospital Nursing.
3. Private Nursing.
4. Nursing Reform.

All notes and suggestions should be forwarded to the Editor in order to make the articles as full as possible of practical interest.

The next number of the Gazette will be published on Saturday, September 11th. The Editor invites contributions of articles or club notices for the Special Students' Number, which will appear on September 26th.

The Guy's Dramatic and Musical Society held its first meeting last week, an account of which will be found in our columns.

We would remind our readers that the syllabus of the examination for the Entrance Scholarship in Arts and Science may be obtained at the office.

By the Will of the late Dr. Beaney, to whom the Hospital is already indebted for the Beaney prize in Pathology, £1,000 has been put in the hands of the authorities to found a scholarship in Materia Medica, the regulations for which we will announce as soon as possible.

Dr. Beaney was a native of Canterbury, and it was at the Dispensary there that he began his medical education. He then went to Edinburgh and Paris, and left England for Melbourne in 1852. He returned to England the next year as a Ship's Surgeon, and became a pupil of the late Professor Syme. He then took the M.R.C.S.E., and was gazetted a Surgeon in the Army Medical Corps. He saw the close of the Crimean campaign and returned to Melbourne in 1857, where he became the locum tenens for Dr. John Maund, whose practice he afterwards bought. He was elected Surgeon to the Melbourne Hospital in 1860, and continued in active practice until the time of his death. He was a member of the Legislative Council and was the author of numerous medical works.

The Triennial Sands Cox Scholarship will be competed for next year; prospectuses of which may be obtained at the office.

An instance of Guy's good fellowship was afforded by the dinner given to Dr. Wilks at Bournemouth, during the Medical Congress last month. Although the idea was a spontaneous one, and had to be carried out immediately, no less than seventy old Guy's men were present, and thanks to the energies of Dr. Love and Dr. Gunton Turner the evening was a very great success. The chair was taken by Dr. Pye-Smith, whose speech will long be remembered both for its aptness and for its real feeling, bearing as it did the mark of the esprit de corps felt by all present.

Dr. Pye-Smith attributed the following joke to Dr. Wilks: an inane and troublesome Student who was fond of asking questions, wanted Dr. Wilks to tell him "Why is the name morsus diaboli given to a part of the body." The reply came at once "Devil a bit if I know!"

Our contemporary, *The Lancet*, is going to sleep. It announces that the Surgical *Dressership* of Guy's Hospital is vacant.

The following answer was given at a recent examination for honours, the question being the dissection required to expose the occipital artery, with its relations, branches and anastomoses: –

"By dividing the muscles over it, its course can be cleared. It runs anything but directly, is very much turned and twisted. Firstly, Trapezius covers all the others, divide this and reflect. The recti capitis postici are to be divided also, as well as the laterales. The great auricular branch will be found, and this anastomoses with the temporals."

Perhaps, if the candidate had reflected, as he suggested, after dividing the Trapezius, he might have avoided such egregious blunders.

We congratulate Mr. H. E. Durham on having been awarded the Gurney Hoare Prize, for the best reports of six cases which he has noted during his studentship at the Hospital.

Mr. G. L. Eastes has been appointed Assistant Demonstrator in Physiology.

Dr. D. W. Samways has been appointed Assistant House Physician, commencing September the first.

The Editor desires to apologise for the mistakes in the Pass List of the Final College in the last issue.

We congratulate Mr. F. H. Burton Brown on his great success at Netley Hospital. Not only did he head the list of those who passed the examination for commissions in the Indian Army Medical Service but also took the Sir William Aitken Prize in Pathology.

Mr. Symonds has kindly consented to become President of the Musical and Dramatic Society, and Mr. Dunn to be Vice-President.

PASS LIST.

INTERMEDIATE (M.B.) EXAMINATION IN MEDICINE.

HONOURS.

Physiology and Histology.

Second Class.

Leete, A. H.

Organic Chemistry.

First Class.

Howard, J. A.,

Obtained the Exhibition and Gold Medal.

Materia Medica and Pharmaceutical Chemistry.

Second Class.

Every-Clayton, L. E. V.

Third Class.

Howard, J. A.

ENTIRE EXAMINATION.

First Division.

Manning, G. E.

Second Division.

Drake, E. H. Eastes, G. L. Wilmot, P. McK. G.

Excluding Physiology.

Second Division.

De Korté, W. E.

Physiology only.

Second Division.

Adams, E. L. Allan, A. P.

Hazell, F.

FIRST CONJOINT EXAMINATION.

Anatomy and Physiology.

Cann, F. J. H.	Moore, E.
Clark, R. F.	Nicholls, H. M.
Fry, A. C.	Reynolds, L. G.
Gibson, C. W.	Stamford, R. B.
Holman, T. E.	Steinhaeuser, J. R.
Hora, J.	Tresidder, M. E.
Lond, F.	Wise, H. M.

Anatomy only.

Collier, H. N.	Holden, H. C.
Fulton, H.	Trebane, J. W.

Chemistry and Chemical Physics.

Askew, C. A. C.	Clark, R. F.
Beadwell, C. M.	Davies, W. L. B.
Bell, H. T. S.	Dudgeon, H. W.
Brereton, F. S.	Hancock, W. I.
Carden, W. A.	Hardy, F. H.

Hayes, R. H.
Jones, J. B.
Jones, M. P.
Kenyon, F. J.
Lane, J. G. O. H.
Lewis, L. H.
Lond, F.
Moffat, H. A.
Packer, H. D.
Reed, J. C. G.
Rowland, F. W.
Shorland, E. T.
Smith, H. J. M.
Tresidder, P. E.

FIRST CONJOINT EXAMINATION.

MATERIA MEDICA AND PHARMACY.

Bell, H. T. S.
Bird, J. W.
Burroughs, W. J.
Butler, W.
Byford, W. F.
Coleman, E.
Coleman, J. J.
Colley, C. R.
Copley, S.
Ensor, C. A.
Fagge, C. H.
Golding-Bird, F.
Green, T. H.
Hall, E. S.
Hardy, F. H.
Hovenden, A. C.
Hovenden, G. S.
Kay, R.
Kearney, C. J.
Matthews, A. K.
Packer, H. H.
Pendred, B. F.
Price, A. A.
Reynolds, B. G.
Roberts, R. L.
Robertson, J.
Rowland, W. J.
Steinhauser, J. R.
Stoner, H. B.
Thomas, E. R.
Tresidder, P. E.
Turner, H. F.
Van Someren, E. H.
Wise, H. M.
Worts, L.

SECOND CONJOINT EXAMINATION.

ANATOMY AND PHYSIOLOGY.

Beach, H. W.
Burrow, F.
Cowan, F.
Hughes, S.
Lucas, C. R.
Matthews, A. K.
Miller, A.
Mumford, W. G.
Peake, W. H.
Peatson, J. C. S.
Wilkins, J. C. V.

ANATOMY ONLY.

Annis, E. G.
Bensted, L.
Cloud, F. H. L.
Evison, F. A.
Henson, W. W.
Hewetson, H.
Hitchfield, A. R.
Humphreys, H. F.
Matheson, A. J.
Nicholson, T. M.
Price, W. M.
Roberts, E. S.
Sweetlove, J. W.
Wallis, S. S.
Zumbado, F.

PHYSIOLOGY ONLY.

Pitt, W. C.
Serjeant, R.
Stuart, W. L.

EXAMINATION PAPERS.

ARMY MEDICAL SCHOOL, NETLEY.

EXAMINATION of Surgeons on Probation for the Medical Staff of the British Army, and for H.M.'s Indian Medical Service, July 1891.

Military Hygiene.—1. Enumerate the sources from which a water supply for drinking purposes can be obtained and state their advantages or disadvantages as regards health. 2. How much work is done by a man walking at ordinary velocity a distance of 15 miles on an ascent of 1 in 200, the weight of the man and what he carried being 14 stone 8 pounds? State the answer in foot-tons. 3. Give a list of the diseases of cattle which are likely to render the meat unwholesome and state the general characteristics of the meat in each case. 4. State briefly the rules to be attended to in the arrangement and regulation of camps, both in temperate and tropical climates, in so far as they affect the health of the soldier.

Military Surgery.—1. Mention the particular qualities of missiles from portable firearms on which their wounding effects mainly depend, and state your views as to the probable results, so far as wounds inflicted in warfare are concerned, of the recent changes in rifles and their projectiles. 2. Several cases of penetrating gunshot wounds of the Chest were brought to your notice and their special features discussed. In some the symptoms were such that no doubts existed as to a lung having been wounded, although the patients recovered; in one, notwithstanding the appearances and the situations of the wounds of entrance and exit seemed to render it impossible that the lung could have escaped penetration, yet the diagnosis, which was proved after death to be correct, was that it had not been wounded; while, in another case, an extensive laceration of a lung was found after death, although it was believed during the patient's life, that it had escaped injury. Describe what you remember about this series of cases, keeping in view their teaching utility for future guidance in practice. 3. Supposing you have at your disposal a set of Snellen's test-types, an opaque disk with a central stenopœic opening, a pair of + 4 D lenses, and means of measurement;—how would you use these objects for testing the visual fitness of a candidate for an Army commission? Should you find him to be the subject of some refractive defect, how would you apply them for ascertaining its nature and degree? Illustrate your reply by any example you may choose to select.

Military Medicine.—1. Describe *Malta* or *Mediterranean* Fever. What is known as to the cause of this disease? 2. Give the symptoms and treatment of *Dengue* Fever,—in what countries and climates is the disease generally met with? 3. Describe the disease known as *Elephantiasis*. What is generally considered as the cause of the disease, and what other affections are attributed to the same cause? (*a*) An officer, suffering from Melancholia

with suicidal tendencies, is placed under your care in India—describe the steps you will take for his proper care and treatment, and mention under whose order he can be placed in an Indian Asylum. (*b*) Assuming that the case is likely to be of long duration, that a change to England will be requisite, and that the patient's means are moderate—describe the steps that will be necessary to place him under legal restraint in England, and the different modes in which he can be cared for.

Hygiene.—1. Examine the sample of water before you, as follows:—(*a*) Physical characters, (*b*) Chemical analysis. (1) Qualitative (except Magnesia). (2) Quantitative, viz.: (*a*) Chlorine, in parts per 100,000 and in grains per gallon; (*b*) Oxidisable matter by Tidy's process, after 15 minutes, in parts per 100,000; (*c*) Report on the fitness or otherwise of the water for drinking purposes. The free ammonia is 0·0120 per 100,000. 2. Analyse the sample of milk:—(*a*) Fat by Vogel's lactoscope; (*b*) Lactin; (*c*) Report on its quality:—The total solids are 13·9 per 100, and the ash 0·75 per 100. 3. Examine microscopically, and describe very shortly the contents of one of the packets. N.B.—Note the number of the packet.

Pathology.—1. In the preparations numbered 1, 2, 3, 4, define anatomically what parts are shown in each, and the lesion or lesions present. 2. Name the Bacterial cultivations numbered 1 to 3, giving the reasons why you so name each. 3. Name each of the preparations placed under the microscopes on the table, and give your reasons for so naming them, based on the details you have observed. Give the number of the microscope corresponding to the preparation placed under it. 4. Stain cover-glass preparation of each specimen of sputa in the dishes marked [*a*] and [*b*], and say if they each contain Bacillus tuberculosis. 5. Examine dead Guinea Pig, and state what disease, in your opinion, the animal has died of, and give shortly the reasons for your belief.

Pathology.—1. Explain in what respects the minute structure of bone is unfinished in the bones of the leg and foot at 18 years of age; and how such imperfection in structure may impair the strength of the limbs and the physical power of the soldier in efficient marching. 2. Give the development of a case of tuberculosis from the contagion point of view, and state the parts likely to be affected in the probable order of infection. 3. Give a summary of the lesions seen in dysentery under the four typical anatomical forms in which the preparations from the Museum were arranged and shown. 4. Give a summary of the intestinal lesions seen in cases of tuberculosis.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

THE VEGETARIANS AGAIN!

The following questions are being sent to all the leading medical men in London, evidently with the idea of getting gratuitous advice on the subject of vegetarianism. Whether it is through the agency of the Vegetarian Society or not we cannot say, but we hope not, as that society is doing some good work, and the questions contain such a curious amount of unpractical ignorance, that they will do their authors untold harm in the eyes of the medical profession. They are as follows:—

"1. In your opinion, to which of the great divisions of animals does man, judging from his *present* structure and organs, belong?

"2. Do you consider that there is any difference of structure between the earliest known remains of man and the structure of the present man (*i.e.*, a radical difference as opposed to the variations which exist, *e.g.*, between different modern races)?

"3. If different, have you any opinion as to the cause of change (whether influenced by food) and as to the tendency of the change—for better or for worse?

"4. What is your opinion as to the evolution of disposition? Should the disposition of the perfect man contain that element of ferocity which perpetuates war, and the unnecessary taking of animal life?

"5. Do you consider flesh food (chemically speaking) a necessary food for man?

"6. Do you consider flesh food (physiologically speaking) the most fitting food for the human race?

"7. What is your opinion as to the evils of private slaughter-houses, and the remedy you would propose?

"8. Do you consider (looking at the extent to which animals are diseased, and the difficulties in the way of preventing diseased animals reaching the market under the existing system of imperfect supervision), that the present widespread ingestion of flesh is responsible to an appreciable extent for the diseases which exist?

"9. Would you consider in the above context the *special* diseases of tuberculosis, and malignant tumours?

"10. Would you consider man feasting on the results of the slaughter-house, or the products of the orchard the more naturally beautiful for art or thought?

"11. Would you advocate a wider knowledge of the value and use of, such foods as grains (wheat, oats, macaroni, &c.), pulse (peas, lentils, &c.), nuts, dried and fresh fruits?

"12. How far do you agree with 'many dishes, many diseases,' 'more people die from over-eating than from over-drinking'?"

If any of our readers care to comment on the above, we shall be pleased to print their letters.

G. M.

EARLY QUACKERY.

In the present day the advertising of patent medicines and of marvellous cures has reached such a pitch of perfection, that it is interesting to know how long it has taken to do so.

In the *Mercurius Politicus*, a newspaper which was published in 1652, and which was the first paper in which advertisements were ever inserted, we find the following:—

"Gentlemen, you are desired to take notice that Mr. Theophilus Buckworth doth at his house on Mile End Green make and expose to sale, for the public good, those so famous lozenges or Pectorals approved for the cure of Consumptions, Coughs, Catarrhs, Asthmas, Hoarseness, Strongness of Breath, Colds in general, Diseases incident to the Lungs, and a sovereign Antidote against the Plague and all other contagious Diseases, and obstructions of the Stomach; and for more convenience of the people, constantly leaveth them sealed up with his coat of arms on the papers, with Mr. Rich. Lowndes (as formerly), at the sign of the White Lion, near the little north door of Paul's Church; Mr. Henry Side, over against St. Dunstan's Church in Fleet Street; Mr. William Milward at Westminster Hall Gate; Mr. John Place, at Furnivals Inn Gate in Holborn; and Mr. Robert Horn, at the Turk's Head near the entrance of the Royal Exchange, Booksellers, and no others."

Among the ills of two centuries ago we also find that toothache had a prominent place, for looking at the 1660 file of the same newspaper an advertisement appears:—

"Most excellent and approved Dentifrices to scour and cleanse the Teeth, making them white as Ivory, preserves them from the Toothache; so that, being constantly used, the parties using it are never troubled with the Toothache. It fastens the Teeth, sweetens the Breath, and preserves the Gums and Mouth from Cankers and Imposthumes. Made by Robert Turner, Gentleman; and the right are only to be had at Thomas Rooke's, Stationer, at the Holy Lamb at the east end of St. Paul's Church, near the School, in sealed papers, at 12*d.* the paper."

Even King Charles the First himself advertised his powers of curing scrofula, the disease which since that time has been known by the name of King's evil. The following advertisement appeared in the *Public Intelligencer* of 1644:—

"Whitehall, May 14, 1644, His Sacred Majesty having declared it to be his Royal will and purpose to continue the healing of his people for the evil during the month of May, and then to give over till Michaelmas next, I am commanded to give notice thereof, that the people may not come up to town in the interim, and lose their labour."

MNEMONICS.

Most of us think it a great bore listening to a lecture; and perhaps that is the reason so few of us go to church. When listening to a dry prosaic subject, external expressions impinge on our attention and we positively hear nothing; on the other hand if the subject be spirited and entertaining, something said or acted, it affects our emotions, and frequently to such an extent that our mind goes wandering, and not until a noise or some other stimulus awakens us from our reverie, are we at all conscious of the speaker and his subject. There being then two causes which divert our attention and dependent power of assimilating facts, so important for examinational purposes, any suggestions likely to aid concentration must be of interest and of considerable importance. Now since the causes of our distraction are twofold, following the scientific axiom, the cures likewise must be of different natures.

In the first place extraneous causes should be removed, and in connection with this we should like to mention ventilation. It is a fact without doubt, that in a close and stuffy room one feels lethargic and sleepy and hence a ready subject for any external cause of distraction. A word as to the time of lecture would not be out of place. Half-past one is a bad time, for the simple reason that most fellows have been lunching. We need say no more. The yawns so frequently seen at 1.30 lectures are sufficiently cogent answers. We should not court the influence of external impressions by star gazing; but stead-

fastly look at the speaker. Notice attentively his expression—and would that lecturers generally were more expressive, a lesson or two from an actor would render them more so. The eye is a very powerful means of assisting the memory as the association of an act with a fact abundantly proves. As an instance of our meaning, the connections of the ovary; the placing of the hand at right angles with the black-board, the method of one of our lecturers, has fixed the various borders and surfaces of that organ indelibly on our memory. A mnemonic aid, the relations of Stenson's duct and transverse facial artery, so well known to Guy's men, is a good example of the powerful aid of association to memory. The question of note-taking naturally suggests itself. One of our most spirited lecturers gave it as his unqualified opinion, that taking notes was not of much real value. He did not state his reasons, but we are inclined to think that he was aware of the fact that few men trouble to read their notes afterwards, and what is more important, owing to the slowness of long-hand, the notes must of a necessity be short, and hence unsatisfactory, and a great deal of what is said must likewise be lost while the notes are being written down.

As to the second cause of distraction, Internal Emotions, a remedy is not easy to suggest, as this agent is peculiarly ready to exercise its baneful influence unbidden. Counter attraction by entering into the spirit of the subject under discourse is the only remedy which offers itself.

K.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

GUY'S HOSPITAL STUDENTS' BIBLE CLASS.

Dear Sir,—We beg to thank the various subscribers towards the sum of £10 received for Walter Fisher, to supply him with drugs, &c., for his work at Bihé, West Africa.

H. RICHARDSON.
F. J. COLEMAN.

Marriage.

CRUIKSHANK—ROBERTS.—On the 5th instant, at the Episcopal Church, St. Andrew's, N.B., by the Rev. Canon Tuttiett, assisted by the Rev. Lawrence Tuttiett, John David, son of the late John Cruikshank, of Sydney, N.S.W., to Katharine Edina, fifth daughter of Prof. Roberts, D.D., of St. Andrew's University.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition.—For list apply, Medical Office, Guy's.

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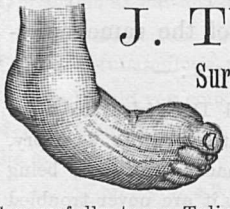

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

SEPTEMBER 12, 1891.

SIR ASTLEY COOPER AND HEALTH.

"Physician, cure thyself," may very often and very justly be said to our doctors. This taunt, however, cannot be applied to Sir Astley Cooper; for he not only cured his patients, but, by following his own rules and prescriptions, he preserved his own health unimpaired for many years, though he was so greatly exposed to the daily and nightly fatigues of his laborious profession. Mr. Abernethy, his great rival, on the contrary, forbade his patients not only all sorts of liquor, but often prohibited drink altogether, particularly at dinner, though he himself drank his wine without fear of the consequences. His practice was right; his advice wrong and unnatural.

The first rule Sir Astley observed with care, in his own person, was "Temperance, without which it is impossible for the strongest constitution to escape disease." Now there is much meaning in this word *temperance;* for it refers not only to food and drink, but to exercise, clothing, and every sort of sensual indulgence. All these Sir Astley attended to, and he was well and vigorous.

Sir Astley's second rule was "Early Rising," on the principle that the night was given for the rest of the body, and the day for business and labour. But he who sits up till midnight and beyond it, must sleep in the morning, even, as Harvey expresses it, after "the vigorous sun is up and going on his Maker's errand." Whoever does so, must have his nerves loosened, and his strength enfeebled; there is no help for him.

The third rule practised by Sir Astley was "sponging his body with cold water immediately after getting out of bed." He informs us that he began this practice when he was twenty-four years of age; and the effect was that he did not know what it was to get a cold; and though he went from a warm room, or a crowded assembly, into the open air, in the severest winter nights, and with merely silk stockings on his legs—his health never suffered by cough or catarrh.

Sir Astley's fourth rule was, that whenever he felt indisposed, in consequence of the fatigues of his profession or otherwise, he took a dose of "a medicine which never failed to restore him." As our readers may be pleased to know this valuable medicine which the learned Baronet prepared for his own use, we shall here give the

RECEIPT FOR SIR ASTLEY COOPER'S RESTORATIVE PILL.

Take four grains of cathartic extract,
One grain of submuriate of mercury.

Make into one pill, to be taken at bed-time; and if not effectual, another pill may be taken on the following morning.

ANOTHER RESTORATIVE PILL BY SIR ASTLEY.

Take two grains of blue pill mass,
Three grains of compound extract of colocynth.

Make into one pill, to be taken and repeated as the last.

These are medicines, he said, of great value in all those slight indispositions which, though troublesome enough, and heavy on the spirits, do not quite oblige the patient to leave his business and go to bed. Ailments like these become greater trials than serious illnesses, they partially cripple their victim, and he becomes morose and melancholic. Medical men should learn to diagnose them early and treat them promptly.

NURSING.—ARTICLE II.

HOSPITAL NURSING.

IN the last article certain qualities were stated to be essential to the woman who desires to become a good nurse. Those qualities were patience, sympathy, good judgment, intelligence, and womanliness. Several readers have criticised this statement severely; one says that a woman comes to a Hospital to be taught these things, and need not bring them with her as her "stock-in-trade." Another, that it is impossible for any one woman to possess all these qualities. I venture to disagree with both of them.

In the first place, when a woman enters a Hospital, unless she has patience already, she will never learn it, for all her ideas as to nursing very often have to be overthrown. She has not only to look after patients, but she has also to sweep out the ward in the middle of the day, to make custards, and other delicacies, to fetch medicines, etc.; all things which she will perhaps think derogatory, but which are part of her training. Then, again, if she have not intelligence she will not know how to apply all she hears and is taught; she is not a child learning its alphabet, but she ought to have that alphabet by heart and be ready to string the letters together to form words, and the words to form sentences. If she be not womanly she cannot hope to remain tender and gentle and uninfluenced by the disagreeables of her work.

The second correspondent has only to look round any Hospital to find those who possess all these qualities; and her inability to find them probably depends upon the jaundiced view which she appears to take of nursing, and of the low estimation in which she seems to hold those who nurse.

The success of Hospital nursing, from the nurse's point of view, depends upon four great factors.

1. The attitude adopted by the students toward the nursing staff.

2. The attitude adopted by the ward sister toward the nurses in her ward.

3. The point of view from which the nurse looks at her work.

4. The provisions made by the Hospital Authorities for housing and feeding the nurse, and for allowing her proper recreation and amusement.

There is no doubt that at a large number of Hospitals the students do not try sufficiently to help the nurses in their training. Hurried dressings, directions given without any why or wherefore being vouchsafed, are too often the order of the day. Then, too, mistaken authority often decrees that the less said by the dresser to the nurse the better; how foolish that authority is, none but the experienced know. Human nature delights in evading restrictions, and if it were a recognised thing for the senior student to try and teach the nurse anything that lay in his power, both parties would greatly benefit. Of course the nurse receives admirable teaching

in the lectures delivered to her by one of the staff, but a little demonstrating is worth a whole course of lectures, or will at any rate form an admirable adjunct.

The sister of a ward has more power than anyone else to make a nurse's duties pleasant, and as a rule she does her best to teach the nurse, provided the latter shows a desire to learn. She ought, however, to remember that mistakes must occur at the outset, and should deal with them patiently and explain them thoroughly and so prevent their recurrence.

A sister, too, can teach the student a vast amount of work which will be of untold good to him in his after life. There he will find he must explain his wishes as to the nursing of his patient, and an old Guy's man said only the other day that he had never ceased to thank the sisters of the wards in which he did his three higher appointments for the help they gave him and for the many practical hints which he then received.

The root of the matter is reached however when the nurse's desire to work is considered. As a matter of course she begins well, but as her duties become known to her she is apt to perform them in a mechanical or perfunctory manner; she does not watch her patients with the care with which she did a few months previously; she takes too much interest in a *good case*, at the expense of the comfort of a more simple one. Such a nurse is sure to drift into carelessness, and has to be continually corrected for sins of omission more than of commission. No doubt carelessness is the deadly sin of which the nurse must be most fearful; over zeal is always tolerated, even if it produce effects which are much to be deprecated; but the carelessness which gives 1-20 carbolic instead of 1-40, which has no carbolic oil handy for catheterization, which transposes the dressings of two cases, or which makes a poultice so far away from the patient that it is cold before it is applied; such carelessness can never be forgiven.

The last item of importance is the housing and feeding of the nursing staff. This too often is a cause for complaint in many of our Hospitals. The food ought not only to be good but it ought to be varied, and there ought to be a choice of dishes. Joints every day are all very well in the abstract, and they are conducive to health if the health is good enough to allow one always to enjoy them; but if a purveyor were set down to roast and boiled beef and mutton every day, with a resurrection pie on Saturday, he would soon grow tired of it; yet he probably has a lower and more blunted sensibility than the nurses of our London Hospitals, and yet this is often their lot.

The greatest evil in some of our Hospitals is the utter absence of any form of recreation for the nursing staff. Picture a party of musical women without a piano. In some cases there is no library, in others the books are of such a silly, sanctimonious nature that they are unreadable.

It would be quite easy to organise musical "at homes" and a series of concerts for the nursing staff, and it is to be hoped that the liberal-mindedness of the authorities of our London Hospitals will be touched on this point, and that proper steps will be taken to make our nurses' leisure hours more full of enjoyment and amusement.

G.M.

INCIPIENT putrefaction of meat may be tested with red litmus paper. The acid reaction of meat is changed to alkaline by the putrefaction process.

BACTERIOLOGY IN LYME STREET, N.W.

From a letter which appeared in a recent number of the *Echo* it seems that, on the 22nd ult., a certain Dr. Hastings communicated to that paper the result of his reflections upon Bacteriology. Although Dr. Hastings does not expressly say so, we may assuredly conclude that, at the particular time at which his thoughts arrived at the very summit of maturity, and were ready, so to speak, to burst their bony bonds, and drop from sheer ripeness, the common organs of medical opinion contained their full complement of news, and were consequently unable to receive his communication. We are sorry for them, whilst congratulating the *Echo* upon its enterprise and pluck.

Shortly after Dr. Hastings gave his opinions to the world, the letter with which we are now more especially engaged appeared in the paper above mentioned, written by a gentleman residing in Lyme Street, N.W. There is logic in Lyme Street. We have long suspected it, and now we know it; and so, we imagine, does Dr. Hastings. What with the glare of this terrible lime-light and the blast of this remorseless logic, Dr. Hastings must yearn for the repose of the country-side.

The name of his present critic does not appear in the Medical Register. Why should it, indeed? It is preposterous to suppose that persons entrusted with messages to mankind could permit themselves to be hampered in their functions by absurd and antiquated regulations such as those which cripple the members of the medical profession. Besides, the letter informs us that certain truths are "obvious to anybody but a doctor;" clearly it were a pity to miss such. This one, for instance: "Disease is the effect of fermentation." It is magnificent, this generalization. What medical man could have originated it—or that other profound truth, "For the Blood is the Life?"

Speaking of the power of oxygen gas, the writer refers again to a fact of the "obvious" order: "It is obvious that the microbes of disease are never found where this element is particularly present." Such a truth cannot be too widely known, and if bacteriologists would but hold fast to it we should hear no more of barren attempts to grow the pathogenic organisms—such as the bacilli of anthrax, tubercle, glanders, mouse-septicæmia—upon media exposed to the oxygen of the air; or fruitless efforts to demonstrate B. anthracis in blood and in lung-tissue. It has been reserved for Lyme Street to explain the notorious futility of all such endeavours. In regard to the powers of oxygen, what limit can be assigned to them? As Dr. Hastings' critic forcibly remarks, oxygen is "the panacea for every disease known to man."

Dr. Hastings believes—we quote from his censor, who places the passage (a literary gem) between marks of quotation—"that physiologists and pathologists attributing phthisis and epidemic diseases to the effects of a microbe is but a theory, and is inconsistent with facts, as (in Dr. H.'s opinion) so far from any organic germs being the cause of these diseases, they are the result and not the cause." He is further quoted as follows—"A healthy person contracts a cold, which produces headache, sneezing, accelerated pulse, prostration, &c., which symptoms may produce *(sic)* influenza, bronchitis, or pneumonia. Now in such a case as this, is it correct to affirm that bacilli were the cause of this disease?"

These are the statements and views which have called forth at once sadness and satire in Lyme Street. Lyme Street no longer wonders that medical science "is exactly where it stood two centuries ago." Dr. Hastings is informed that a "healthy person" cannot contract a cold, "or any other disease." He must first "render himself susceptible;" and such susceptibility is due to "an impoverishment of the blood by natural means." [As to how a healthy person stoops from his healthy state and contracts susceptibility, information is furnished further on.]

Whatever the antiquated general practitioner may believe, it is now certain that cold "is no more a precursor of bronchitis than delirium tremens is of scarlet fever." "Each of these diseases is due to the existence in the blood of its own microbe." Whosoever doubts, let him buy "a sufficiently powerful microscope," and look, when he may "soon demonstrate" the organism to his entire satisfaction. Is it possible that Carl Zeiss has an agent in Lyme Street? At any rate, we feel that the least he can do, after dealing with the great access of business which this authoritative statement must bring him, is to use his influence with the County Council of Jena, and induce them to decree that in future "Carl Zeiss Strasse" shall be known as "Lyme Strasse."

The famous Phagocyte Theory, some of our German friends will be concerned to hear, has yet another convert, and an expounder and elaborator to boot. Let us rejoice with Metchinkoff, reading his *Echo* away in distant Paris. The Lyme Street Metchinkoff Theory proclaims that the "starvation of the blood-corpuscles" which ensues when a person consents to "deprive himself" of pure air (*i.e.*, of oxygen), renders them "unable to resist the disease microbe, for a literal war is waged between the two classes of microbe for the ascendency."

The other microbe referred to by the writer is the oxygen-bearing blood-corpuscle.

The importance of this communication cannot be exaggerated. It furnishes us with the key to the great problem of Immunity. That it was not published until after the Hygiene Congress of 1891 must remain a matter of lasting regret.

If those persons who receive five shillings for puzzling students at the Embankment Hall will submit themselves to the authorities in Lyme Street, not only will they spare others such deplorable mental anguish, but will themselves be in a fair way of making a comfortable living. To an unfortunate of this class we recommend the following procedure. Let him (and here we beg him to take a lenient view of the quoted English), "deprive himself of pure air in such a quantity and for a sufficient length of time to ensure the starvation of the blood corpuscles." The deprivation is not attended with difficulty. He now presents "the necessary susceptibility to disease." The authorities above-mentioned now "undertake to infect him with any disease he chooses to name, from a cold to a cancer, assuming another subject to be at hand suffering from the particular disease he should name."

On the whole we believe the quondam puzzle may permit himself to be "undertaken" with a light heart.

Space forbids further allusion to this deeply-suggestive article. Whether Dr. Hastings, who called it forth, merits sympathy or not we do not presume to judge. In wishing him a speedy convalescence and return to active life, we are led by feeling only. That his critic was not actuated by animosity towards the medical profession appears to us certain. It is, in fact, clear from the tenour of the whole article, that he comes forward with diffidence, and then only in the interests of truth. In conclusion, we cannot do better than quote his closing sentence, breaking as it does in every word the noblest humanity. "Mankind," he exclaims, "has been drugged and robbed long enough."

CANCRUM ORIS.

In conjunction with my then colleague, Dr. Yates, of Bolton, I reported in the *Lancet* of May 4th, 1889, three cases of Cancrum Oris, all of which were successfully treated by the application of a lotion of corrosive sublimate; since then I have had another case under my care in which unfortunately the same treatment had no curative effect whatever, and I think it but right that this one should also be put on record* The case has besides peculiar features of its own.

David C., aged 4, was admitted to the Bolton Infirmary under the care of Mr. G. Patric, on October 23rd, 1890. The right cheek was then hard, red and very much swollen and both eyelids on this side œdematous and brawny, the two right upper molar teeth had been extracted and the corresponding alveolar process of the superior maxilla was considerably necrosed. The swelling of the face did not extend down the neck nor backwards, and there was no otorrhœa or noticeable salivation. The child cried to go home and did not seem to be in pain nor depressed.

The history of the case, as given by the mother, was that the right cheek had first swelled three weeks previously, and a sore place was noticed inside the mouth on the same side; poultices were applied and the swelling went down but recurred in about a week. As the same treatment did not now alleviate the symptoms, the patient was taken to a doctor, the poultices were continued and a tooth extracted on October 20th, three days before admission to the hospital, and another on the 22nd. The eyelids first began to swell six or seven days before admission. The boy was an only child and had always enjoyed good health, his parents were fairly well-to-do and lived in a healthy neighbourhood, and he appeared robust and well grown, and very precocious for his years.

On admission chloroform was administered to allow of thorough examination of the parts. As the eyelids could not be separated except to a small extent, the outer canthus was snipped with scissors and a small quantity of thin offensive pus escaped, the eyeball was proptosed and extremely tense, and the cornea quite hazy. Attention was now turned to the mouth, after removing some of the necrosed alveolar margin the finger was passed into the antrum and the floor of the orbit found to be broken down, such being the case and the eye evidently destroyed it was enucleated, and the whole of the orbital floor was then found to be bare and discoloured and some of the bone gone. The greater part of the remains of the superior maxilla was now removed with dressing forceps and a large drainage tube inserted, one end emerging from the orbit and the other from the mouth, a salalembroth dressing applied and plenty of iodoform dusted over the parts. The next day the child seemed wonderfully well, was quite happy and took plenty of fluid food, and was able to enjoy a piece of bread and butter. The cheek and eyelids were however as brawny as ever, the former being glazed; very little discharge on the dressings;

*The Editors of the "*Lancet*" do not seem to agree with me here.

teeth clean; no sign of gangrene; temperature 102°, it had been 99° on admission the previous evening.

The next day, October 25th, a black gangrenous spot, the size of a split pea, was noticed at the outer canthus where the tissues had been cut. 26th, gangrene spreading, and it has commenced at the centre of the free edge of the lower eye-lid. Tube removed, as it was not serving any purpose and treatment with corrosive sublimate commenced, the orbital cavity was swabbed with a 1 in 500 solution and packed with lint soaked in the same. The patient was put on nourishing slop diet and port wine. Notwithstanding the treatment, the gangrene extended with frightful rapidity, although the patient remained remarkably lively and talkative and took his food well till October 30th, when he became drowsy and very irritable. On October 31st, as the sublimate lotion had had no effect in arresting the necrotic process, although its strength had been increased to 1 in 250 for swabbing, the 1 in 500 being used for the dressings, chloride of zinc in solution, 80 grains to the ounce, being used instead. The boy refused to take his food on this day, he became unconscious in the night and died next evening. The temperature ranged between 100° and 103° all the time. The whole of the right side of the face had necrosed, the cavity extending from the upper margin of the orbit to half-an-inch below the angle of the mouth, but a bridge of tissue was left separating it from the oral opening, and from just in front of the meatus of the ear to the left side of the bridge of the nose, the nasal lines and septrim being exposed. The floor of the cavity was partly closed by the tongue. There was some diarrhœa and cough during the last 36 hours of life, but none before this time. Unfortunately the friends would not allow a post-mortem examination to be made.

This case is of interest (1) in that the patient was a typically healthy child and had not suffered from any previous disease, and had not been reared in a slum. (2.) The gangrenous process, which we recognise as "Cancrum Oris" (and this was to all appearance a typical example of the disease) did not commence till two days after his admission to the Hospital and three weeks after the first onset of symptoms. It is probable that there may have been some stomatitis before necrosis of the bone set in, but it must have been quite localised. (3.) Corrosive sublimate had no effect in arresting the disease, whereas in the only other cases that I have treated with it, it is no exaggeration to say that it acted "like a charm."

E. C. KINGSFORD.

Surbiton, August, 1891.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

MORTALITY AND ANÆSTHETICS.

SIR,—It would be a matter of very great interest to many old Guy's men if you would publish the number of times that chloroform and ether respectively have been administered in the Hospital during the last few years, with their relative mortality.

At the recent discussion on anæsthetics at the Glasgow Medico Chirurgical Society, one of the speakers gave the number of times that anæsthetics had been administered at St. Bartholomew's Hospital, during the last 15 years, but I am not aware that the Guy's figures have ever been published. It is only by collecting the statistics of these large institutions that the true rate of mortality can be arrived at.—Yours faithfully,

Clifton. W. H. HARSANT.

Reviews.

We have received from Messrs. Lewis & Son specimens of the pocket temperature chart. It is a great wonder that this useful chart has never been devised before; it only measures six by three inches and yet records 31 days' temperatures, including a space below for noting the condition of the pulse, the respiration, the bowels and the urine. It will, in the first place, be found useful by the student who makes notes of his cases, for he can paste it in an ordinary sized note book. The general practitioner will also be able to leave one at the house of any patient whose temperature needs taking, and will therefore ensure the carrying out of his instructions, while he will also be able to judge at a glance the alterations in the condition of his patient's temperature, just as if he were back in the wards of his hospital.

Mr. Frank Haydon's ophthalmic charts also deserve a word of praise. On a card about eight inches long is depicted the fundus, with a space below for the patient's name, age, disease, length of vision, etc. They will be found very useful in noting the advance or retardation of a disease, especially when the patient is only required to present himself for examination after long intervals. They are published by Messrs. Down Bros.

APPOINTMENT.

VICARS, FREDERICK GEORGE, M.R.C.S.,L.R.C.P., Eng., has been appointed Physician to the Chelsea, Brompton, and Belgrave Dispensary.

Passim.

The Special Students' Number of the Gazette will be published on Saturday, September 26th. It will be a double number, and will contain, as an inset, the portrait of Mr. R. G. Poole Lansdown.

The secretaries of the various clubs and societies are again reminded that they should send a short account of the work done by their club to the Editor during the coming week.

The first meeting of the Physical Society will, as usual, take place on October 1st, when a paper will be read by Dr. Uhtoff, of Brighton. Dr. Wilks has kindly consented to preside.

There will also be a Dinner in the Large Hall of the Students' Club, to which Dr. Wilks has also been invited, and a large attendance of Students is looked forward to.

It seems a great pity to use the Library and Reading Room of the Students' Club as a Cloak Room. Nearly every other room in the Hospital and the College is already used for that purpose, and it would be well to leave this one without that encumbrance.

We are glad to hear that in the recent examination at the College in Anatomy, all the Candidates sent up from Guy's were successful.

We are empowered to state that there will be no vexatious waiting for parts this year in the dissecting room.

We congratulate Mr. H. W. Collier on his having won the Silver Medal in Materia Medica at the last Examination at the College of Apothecaries.

The Editor desires to thank the numerous correspondents who have sent him notes on Nursing during the past fortnight.

A Meeting of the Dramatic and Musical Society will be held during the first week in October. The Secretary will be glad to hear from any men who are willing to join the choir, in which there are still a few vacancies.

We should be glad to hear from any old Guy's men who would contribute articles on current medical topics during the coming winter session.

The Exhibits Committee of the Physical Society will be glad to hear from those gentlemen who wish to exhibit photographs on the opening night of the Society, October 1st.

FORTHCOMING EVENTS.

Sept.	14.	Names to be left at the Medical Office for Final M.B. Lond. Schedules.
,,	21.	Schedules for Final Conjoint Examination to be left at Medical Office not later than this date.
,,	22.	Names of Candidates for Entrance Scholarships to be sent to Medical Office by this date.
,,	24.	Examination for Entrance Scholarships in Arts and Science begin.
,,	26.	Special Students' number of Guy's Gazette issued.
Oct.	1.	Winter Session commences.
,,	,,	Second Conjoint Examination begins.
,,	,,	Opening night of the Physical Society.
,,	,,	House Dinner in the Hall of the Students' Club before meeting.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during August, 1891.

Extractions under anæsthetics (cases)	238
Extractions without anæsthetics (cases)	408
Gold Fillings	28
Amalgam ,, ...	14
Osteo ,, ...	23
Perm. G.P. ,, ...	3
Temp. G.P. ,, ...	24
Crowns	1
Dressings	20
Scalings	5
Dentures	3
Regulation cases	7
Splints	2
Total	776

RECENT PUBLICATIONS.

Fraenkel's Text Book of Bacteriology. Translated and Edited by J. H. Linsley. Royal 8vo., 20/-.

Jacobson's Operations of Surgery. 2nd Edition, 8vo., 30/-.

Parkes' Manual of Practical Hygiene. 8th Edition. Edited by J. Lane Notter, 8vo., 18/-.

Sawyer's (Sir James) Contributions to Practice of Medicine. 2nd Edition. Crown 8vo., 5/-.

Sheild's Surgical Anatomy for Students. Crown 8vo., 6/-.

Sisley's Epidemic Influenza. Notes on its Origin and Methods of Spread. 8vo., 7/6.

Taylor's Manual of Medical Jurisprudence. 12th Edition. By Dr. Stevenson. Crown 8vo., 14/-.

INTER-HOSPITAL SPORT

We have tabulated from *The Lancet* the winners of the various inter-hospital contests since their foundation. They are as follows :—

Rugby Football.—The cup has been won by *Guy's* and St. Thomas's each four times; by St. George's three times; by St. Bartholomew's twice; by London and Middlesex once each.

Association Football.—The cup has been won four times by *Guy's*, and once each by St. Bartholomew's and St. Thomas's.

Cricket.—The cup has been held four times by *Guy's*, twice by King's, and once by St. Thomas's.

Athletics.—St. Bartholomew's have won the shield eight times, *Guy's* and St. Thomas's each five times, King's and St. George's each three times, and London once. The records stand as follows:—100 yds.: B. B. Connolly (Guy's), 10⅕ sec. 220 yds.: L. Stokes (Guy's), F. Little (St. George's), G. Marshall (Middlesex). 440 yds.: T. Guinness (King's), 51⅕ sec. 880 yds.: W. Kent Hughes, 2 min. 2½ sec. One mile: H. Munro (Guy's), 4 min. 36 sec. Three miles: A. Quennell (Bart.'s), 15 min. 52 sec. 120 yds. hurdles: T. G. Graveley (Guy's), 16¾ sec. Putting weight: W. G. West (St. Bart.'s), 38ft. 3in. Long jump: B. C. Green (St. Bart.'s), 21ft. 10in. Throwing hammer: C. T. Dent (St. George's), 90ft. 4in. The best individual performances have been accomplished by G. R. Nunn (Guy's) and B. C. Green (St. Bart.'s), each of whom won four firsts and a second in one afternoon—the former at the first competition ever held, and the latter this year.

Lawn Tennis.—St. George's have won the cup three times, *Guy's* once.

Cross Country Challenge Cup.—1887, 1891, St. Bartholomew's; 1888, 1889, St. Thomas's; 1890, St. Mary's.

RECENT DONATIONS TO THE LIBRARY.

Jacobson's Operations of Surgery, latest Edition. By the Author.

By Dr. Stevenson.

Gray's Operative Chemist.

Geradin's Lecons de Chimie Elémentaire. 5 vols.

Hamblyn-Smith's Heat.

————————Hydrostatics.

Lodge's Mechanics.

Swayne's Aphorisms —Latest Edition.

Gradle's Bacteria.

Magnin's Bacteria.

Harveian Oration for 1888. Dr. Lathom.

Harveian Oration for 1890. Dr. Andrew.

Blyth and Tardieu's Dictionary of Hygiene.

Taylor's Medical Jurisprudence. Latest Edition.

By the Director General. Report of the Army Medical Department, 1889.

Transactions of the Hunterian Society. Sessions 1890-91.

GASTRIC ULCER PERFORATING COLON.

John F———, æt 76, a diver, was admitted July 6th, 1891, to the Essex and Colchester Hospital, for intestinal obstruction of 12 days' standing, under Dr. Wallace. He had always enjoyed good health till six months ago, when he was taken ill with abdominal pain and sickness, and was forced to give up work. The pain was worse after food and relieved by sickness, or on passing flatus from which he suffered much. Had no hæmatemesis at this or any time of his illness. Had good deal of trouble with bowels, constipation alternating with diarrhœa. Got better under treatment, and was able to resume work again till two months ago, when he was taken ill in the same way again, but the vomiting was more severe and frequent, and he found he was losing flesh. He gradually got worse, and for 12 days previous to his admittance into hospital he had passed nothing per rectum, and the day before his vomit became stercoraceous.

On admission.—Has anxious expression, eyes sunken, and very sallow complexion, and complains of pain in the abdomen, about umbilical region. Pulse 84, weak and irregular. Tongue clean at edges, but covered with brown fur, and dry in centre. Breath smells cadaveric. Vomited fæcal matter soon after admission, looked like fæces from color. Temperature normal. Very thirsty. Abdomen slightly distended, ascending transverse, colon well marked and tympanitic. Small intestines could be seen and felt moving about. Superficial veins prominent. Several petechial spots about, some bright red, others purple and fading. Liver dulness normal. Spleen slightly enlarged. No tumour to be felt or hernia found. Per rectum no stricture could be felt, but small quantity of soft grey-colored fæces found there. Prostate much enlarged. Heart sounds normal but faint. Slight dulness and deficient entry of air over bases of both lungs. Urine 1.015, acid, light colored, clear, no albumen, blood or sugar.

Ordered an enema of olive oil, this soon returned; between this and the 9th he had several enemeta, and on one occasion passed a small quantity of light-colored fæces. His general condition remained fairly good, and he only vomited twice during that time, but on both occasions it looked more like a semi-solid motion than vomit.

July 10th.—Consultation held with surgeons to consider the advisability of operating for his relief. A long rectal tube was passed about seven inches, and an enema given with this, which brought away small quantity of fæcal matter, but seemed much brighter. Tongue moist and fairly clean. Pulse 90, weak. Complains of very little pain, worse when vomiting.

13th.—Not so strong as he was two days ago, eyes more sunken. Pulse 110. Temperature sub-normal. Tongue not very dry. Had an enema of mag. sulph. last night, brought away few small lumps of grey-colored fæces. Takes very little nourishment.

16th.—Has more pain now in abdomen, always referred to umbilical region. Pulse very weak. Passed little wind yesterday. Vomited once since 13th.

17th.—Much worse. Pulse hardly perceptible. No vomiting.

18th.—Weaker to-day. Passed large quantity of light brown liquid fæces this morning, had no vomiting. Complains of more pain in abdomen. Gradually became comatose, and died at midnight.

Post mortem examination made 20 hours after death. Body very emaciated and decomposing. Rigor mortis not marked.

Lungs emphysematous, bases congested; old pleuritic adhesions on right side. Heart flabby and empty, valves and vessels good.

Small intestines blown up with gas and contained very little fæces. Large intestine from cæcum to splenic flexure full of gas and soft fæces, below this, bowel nearly empty. No general peritonitis. Just about splenic flexure bowel adherent to greater curvature of stomach, and in anterior wall of colon at this point was small opening (size of goose quill) through which liquid fæces was oozing into abdominal cavity. The bowel was here constricted by the adhesions binding it to stomach. On removing stomach and colon together and opening both, it was found that a large ulcer (1½ inch in diameter) of greater curvature of stomach opened into colon, adhesions uniting them firmly together.

The edges of ulcer had granulating appearance, but there was very little thicking and nothing like malignant growth. Rest of stomach and intestines, except rectum, which was very red and injected, no doubt the result of the enemata, were quite healthy. Liver normal; kidneys granular, with quantity of cysts, some as large as hazel-nuts; spleen soft, rather large; bladder healthy; prostate enlarged.

The opening between the stomach and bowel found after death explains two curious points in the case.

No. 1.—The character of the vomit, which one might have mistaken for somewhat liquid fæces. This was always a puzzling point, as the patient often vomited

soon after taking food, but the vomit seldom contained that which he had just taken by the mouth.

No. 2.—The infrequency of the vomiting. The bowel acting through the stomach instead of by the rectum no doubt in a measure relieved the obstruction.

Gastric ulcer is an uncommon cause of *Intestinal* obstruction, but in this case it seems to have been so. I suppose where an ulcer of the stomach perforated, adhesions formed between it and the transverse colon and these pulling on the gut caused the obstruction.

SIMPLE TREATMENT OF INGROWN TOE NAIL.

The *Pittsburgh Medical Review* cites Dr. Puerckhauer (from the *Münchener Med. Wochenshrift*) as recommending a simple and, at the same time, competent treatment for ingrown toe nail.

A forty per cent. solution of potassa is applied warm to the portion of the nail to be removed. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp-edged glass; the next layer is then moistened with the same solution, and scraped off; this must be repeated until the remaining portion is as a thin sheet of paper, when it is seized with a pincette *(sic)*, lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his sufferings without being disabled even for an hour.

VEGETARIANISM.

We have received the following answers to the questions which we printed in the last issue of the GAZETTE.

ANSWERS.

1. Man in his present condition can not be classed either with Carnivora or Frugivora. He is now, as he has been for ages, Omnivorous. His natural food is everything his instinct prompts him to eat.

2 and 3. No radical difference has to my knowledge been discovered between the earliest known remains of man and the structure of the present race.

4. Disposition (racial or individual) is the evolutionary result of all the life habits, conditions and influences by which races or individuals are surrounded.

5. Flesh food is not necessary at all times for every individual man; but for the continuance of the race it ever has been and is now necessary.

6. Neither flesh food nor vegetable food can be called the most fitting for the human race, because they are equally fitting. Individuals may thrive on either. The best specimens of the human race physically and intellectually are found in countries where a mixed diet is in general use; a combination of animal and vegetable food must therefore be considered the most fitting.

7. There are no doubt connected with private slaughter-houses evils which might be greatly mitigated by the establishment of public abattoirs, and more careful supervision.

8-9. In my opinion, tuberculosis, malignant growths, and all other conditions of disease, originate in life habits and surroundings unfavourable to the health and vitality of the human organism. Disease can seldom or never be traced to single causes. Therefore I find it impossible to say that the present wide spread ingestion of flesh is to any appreciable extent responsible for existing diseases. The eating of diseased flesh is no doubt a cause of disease in man.

11. I would certainly advocate a wider knowledge of the value and use of all kinds of vegetable food, but I can not support the vegetarian hypothesis in its entirety.

I have not replied to the latter part of question 4 and questions 10 and 12, which seem to me to be indefinite, irrelevant to the points at issue, and unlikely to promote the vegetarian cause to which I am no "enemy." I think that Vegetarians by taking up a false line of argument, abandon one which might prove to be their strongest position; but it is no use my writing more, as I do not suppose my views could be accepted for publication in the *Vegetarian*. [In justice to the "vegetarians" I must add that they did publish these and several similar answers by other respondents]. W. M. BEATSON.

TRAGEDY OF A SHILLING.

The medical profession has been insulted. Dr. N. W. Meadows, of Great Dover Street, Borough, who attended an inquest recently held by the deputy coroner for North-East London, was handed £1 as his fee by Hammond, the court officer. The doctor asked for £1 1s., to which he was legally entitled, and said the official had no right to keep back a shilling unless he (the doctor) chose to make him a present of it. Hammond, throwing the shilling on the table, said, "You want it more than I do, it will do you more good. You are the meanest doctor in London." The doctor said he had never been so insulted before, and he should not fail to inform Coroner Macdonald of what had taken place.

FEVER HOSPITALS.

By R. A. Birdwood, M.D.

The Metropolitan Asylums District is a combination of the Parishes and Unions of London. Managers triennially chosen by the Local Government and Guardian Boards from the Metropolitan Asylums Board. Its functions are to provide Hospital accommodation for imbecile and fever patients, and training boys for sea and other occupations. It has also organized an ambulance service.

The Board recognising the need there was of opportunities for clinical observation have allowed their Hospitals to be available for the study of the diseases treated in them. It rests with students and their advisers to make good use of this privilege. The University of Cambridge requires attendance at a Fever Hospital for M.B. Besides, however, learning something about the diseases, it is of value for the medical man intending to practice in London to be familiar with the organization of the Board's Hospitals and their indirect use as disease preventing institutions.

The Board manage three asylums for adult imbeciles, and one for children. These are all situated outside London, at Leavesden, Caterham, and Darenth. Clinical assistants are appointed to them.

The diseases treated in the Board's Hospitals are Scarlatina, Enterica, Diphtheria, Small-pox, and some others. The arrangements for the clinical study of these diseases are :—

Students are admitted to the practice of the Hospitals on the payment of a fee. Qualified men are appointed Clinical assistants for short periods, and in return for certain services (note-taking and so on) provided with rations and residence.

A valuable concession has been made to Probationer Nurses at General Hospitals by appointing them, for short periods, so as to enable them to become familiar with the nursing of Fever Patients.

The Asylums Board has done all that could be expected of it in this matter; but neither Nurses nor Students have adequately responded. It is rather discreditable that it is so. Guy's ought to lead the way. Why hasn't it? "What are you feared on?"

There are five of these Hospitals in London, named after the postal districts :—

Eastern, at Homerton ...	...	442 beds.
North-Western, at Hampstead	415	„
Western, at Fulham ...	...	224 „
South-Western, at Stockwell ...	322	„
South-Eastern, at Deptford ...	462	„

There is a Convalescent Hospital for Fever at Winchmore Hill and for Small-pox at Darenth. The Hospital Ships for Small-pox are in the Thames at Long Reach. The Training Ship "Exmouth" is at Grays. Besides these there are Ambulance Stations, Wharves and Steamers. Altogether a complex and elaborate organization, apparently of little interest to the medical mind. Detailed information on all these points may be obtained by reference to back numbers of the Guy's Hospital Gazette, or on application to the Clerk to the Board at Norfolk House, Norfolk Street, Strand. Owing to the small number of Small-pox Patients in London, no special arrangements have yet been made for the observation of perhaps the most interesting of all diseases. For Guy's men living near the Hospital, Deptford or Stockwell would be the convenient Schools.

A QUACK DOCTOR'S HARANGUE.

An interesting work, published some years ago, "The Language of the Walls," contains the following amusing speech, which the author says he heard delivered by a quack doctor dispensing his wares at Bradford in Yorkshire:—"My friends, I stand here before you, independent, free, and untrammelled by connection with any sect, party, profession or denomination. I thank God I am no human butcher or wholesale poisoner. I don't come to you with bad Greek and corrosive minerals, the one to charm you, and the other to send you to your long homes. No my friends; you see these vegetables spread out before you, these are the produce of your own lovely hills, valleys and green fields, and during the summer months many of them lend the charm of beauty to your meadows by their varied colours, and make the air balmy with their sweet fragrance. Not one of these, my friends, but possesses a life-giving essence or a health restoring principle. The royal poet, who danced before the ark, said, that man was fearfully and wonderfully made; and his son proclaimed the everlasting truism, that man was born to trouble as the sparks fly up (John, give that lady a twopenny box of pills). Yes, my friends, notwithstanding your liability to disease and death (did you say a twopenny box, sir?) here is a safe and speedy remedy for every disease mortal flesh is heir to. My friends, you do well to supply yourselves while I am here (two penny boxes, John). During the course of the ensuing month I am obliged, by previous arrangement, to visit the following towns (cure the headache, did you say? why, my dear fellow, one box would cure a horse's head, which is four times the size of yours). To-morrow morning I leave here for Sheffield, and from there to Chesterfield, then on to Derby (give a child two pills at bed-time, and continue the dose for a month). From there I go to Nottingham, Newark-upon-Trent, Gainsborough, Lincoln, Brigg, and Barton-upon-the-Humber ('tis well I told you I would be away for a month; take my advice and lay in a good stock); then I go to Hull, Beverley, Driffield, Bridlington, Scarborough, Whitby, Stockton-upon-Tees; afterwards to Darlington, Durham, Sunderland, Shields, Newcastle-on-Tyne (ah! poor man, your swimming in the head arises from long hours of labour at a sedentary employment; two large boxes, John); then I go to Hexham, Haltwhistle, Brampton (my friends, your anatomical man-killers would give me penal servitude if they had the power. Thank God, I hold my authority from a higher power than that which deputes them to poison and kill by the knife); then I go to Penrith, Shap, Kendal, Lancaster, Preston, and Manchester."

Births.

ALEXANDER.—On August 15th, at Trinity Square, S.E., the wife of John Alexander, M.R.C.S., of a daughter.

ATKINSON.—On August 22nd, at Gainsborough House, Sherborne, the wife of T. Reuel Atkinson, of a son.

Marriages.

MANSBRIDGE—GRIMES.—On September 1st, at Holy Trinity, Kilburn, Josiah Mansbridge, L.R.C.P., M.R.C.S. L.D.S., of 112, Harley Street, W., to Lydia Alice, younger daughter of the late Thomas Grimes, of West Hampstead.

GROSVENOR—FROST.—On July 21st, at the Parish Church, Egham, by the Rev. T. W. Nicholson, M.A., Rector of the Parish, assisted by the Rev. J. A. Fletcher, M.A., Vicar of Bungay, Alfred Augustus Grosvenor, B.A., M.R.C.S., second son of Dr. Grosvenor, of Greville Place, London, to Alice, daughter of the late W. T. Frost, of West Wratting Park, Cambridge, and Mrs. Frost, of Tudor Lodge, Egham, Surrey.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

CASH Practice in London for Transfer. Receipts just over £1,000.—Full particulars, Mr. Wells, Guy's.

INSTRUMENTS for Sale, mostly new and in excellent condition.—For list apply, Medical Office, Guy's.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

WANTED in exchange for a very handsome prize bred Fox Terrier Dog, a good Disarticulated Skull. Apply O. Elliott, Belgrave, Leicester.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

SEPTEMBER 26, 1891.

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TO THE STUDENTS OF GUY'S HOSPITAL.

BY

SAMUEL WILKS, M.D., F.R.S.

It has been my privilege for some years, as President of the Physical Society, to address some words of advice and encouragement personally to those who have just enlisted in our ranks. On the present occasion I take up my pen and speak to Guy's students through the columns of the GAZETTE. I very naturally carry my memory back along the stream of time and reflect on the introductory lecture which I gave more than thirty years ago. With all the enthusiasm of a young man I spoke of the glorious character of our profession and of the sure success of those who pursued its paths aright. During the many years which have since elapsed I have been often tempted in moments of disappointment to tear the pleasant picture into shreds and regard it altogether as ideal and painted by the fervid hand of youth. When one has seen merit unrewarded and the charlatan stalking in the front and spreading himself like the green bay tree—educated men and the leaders of society being his patrons—I have exclaimed in a moment of despair, "cui bono"! where is the use of scientific training and of the honorable precepts enforced on our students? Time, however, tempers all things, and now I have become old, my mind again reverts to the ancient views and has become assured of the truth that our profession is a grand and noble one. I would still teach that there is only one right road to eminence and success, and this lies in the diligent and honest search after knowledge. It may cause some surprise to the ardent student who comes fresh amongst us to hear that there should be any doubt as to the true method of success; but when the student life is over and he has become a bread winner, a cynical mood enwraps him and he whispers to his old master that he was never taught the art of getting on. In the public prints, also, we sometimes see our introductory addresses styled altogether Quixotic in their aim. It is, therefore, with my eyes open and with quackery and ignorance rampant before me that I preach the everlasting doctrine of the nobility of our profession. If we think for a moment that if "the proper study of mankind is man," what can be of more absorbing interest than to learn all about our fellow creatures and, for us, that which more especially appertains to their physical well or ill being. What more delightful study than to explore into the mechanism of the human frame and all its functions, requiring, as it will on your part, the application of your previously acquired knowledge of physics and chemistry. So interesting is the study of physiology that there are those who give their

lives to it, altogether the most profound and difficult of all branches of science. The medical student then will afterwards have to acquaint himself with the derangements of the organism, whether due to temporary disturbance or organic change, subsequently directing his attention to the means of removing such disturbances, always remembering that the one great object throughout the whole of his professional life is to bring back the deranged organism to its original healthy standard. The accomplishment of this requires the exercise of all the mental powers, and brings solace to the heart. In the words of Dr. Lettsom, "What can be more divine than to soothe the afflicted and to soften agony. What more sublime than to restore to life the victims of disease!" Of late years we have opened out a new method to aid our fellow men, and which must stand even higher than therapeutics—I mean preventive medicine. This includes hygienic and various other schemes intended to preserve the body individually, or the people generally, against the inroad of deleterious agencies. Already, by means of a diploma given to those who have made hygiene their special study, some gentlemen have devoted themselves to this department alone. Nothing can show better the high tone and morality of our profession than the fact that those who are gaining a livelihood from the maladies of their fellow creatures are yet striving their utmost to prevent these disorders.

You gentlemen who have now entered as students are born into a remarkable era of medicine. During my life it has made greater strides than in any similar period of time. This has been in great measure due to the use of the microscope. This instrument has opened up to us not only the healthy structure of organs but their morbid state, so that to take an example from the spinal cord not only are we becoming acquainted with the different strands which compose it but we now can associate certain symptoms with their derangement. The microscope has put us in possession of facts proving the existence of parasitic microbes in the blood, and has thus entirely revolutionized a large part of pathology. This discovery has created a new method of surgical treatment, and this, combined with anæsthesia, has enabled the surgeon to perform operations never formerly dreamt of. He can now remove diseased parts so as to prevent the spread of the malady, copying what the dentist had for a long time done in cutting out the caries instead of extracting the tooth. When I was a pupil the whole limb was condemned if one of its joints was chronically affected, now you remove the peccant part and save the member. Our great poet, with his wonderful insight, had already said—

> "This fester'd joint cut off, the rest rest sound;
> This let alone will all the rest confound."

Now, what more interesting picture can I put before you than this study of the human being with his disorders, accompanied by that of their treatment or prevention. It is to this study that you will have to put forth all the best energies which have been bestowed upon you. Now, to learn all these methods of treatment, as well as the rudiments of your profession, you have chosen Guy's Hospital. In the face of other schools, I have no hesitation in saying that you could not have done better, and I do so for good reasons. The opportunities of learning here are as great as you can possibly meet with elsewhere, and the aim of your teachers has ever been to make you thoroughly educated men. This we endeavour to accomplish by causing you to be acquainted with every branch of professional learning. When Guy's School was first created (not many years ago), by Mr. Harrison, he, with a wonderful sagacity, perceived what the improved requirements of the Hospital were, as well as what were the necessities of the student. He at once devoted certain beds to the diseases of women; he built

an eye infirmary, the first of the kind, I believe, attached to any hospital, and required the surgeon to give lectures on ophthalmology; he founded the Lying-in Charity to enable the students to learn obstetrics; he employed an artist to make models of skin diseases, and he not only founded lectures on pathology but constituted the post-mortem a theatre where instruction might be given. The walking the hospitals was replaced by the Clinical Report Society requiring its members to take notes of all the cases in the wards. Two wards were set apart especially for clinical teaching and lectures. The result of all the work done in the Institution was published in a volume, called the Guy's Hospital Reports, which at once gained for the Hospital and School a world-wide fame. Last, but not least, the Pupils' Physical Society was started as a branch of the senior one, the then oldest Medical Society in London. The enthusiasm of the teachers in Guy's new school was immense, and pupils came flocking in. This enthusiasm has happily been propagated onwards until the present time. It has been a characteristic of our School, that love of work and a spirit of enquiry have ever animated the teachers and never ceased amongst us. I will say nothing of other Institutions, but I do know from personal observation that this enthusiasm among the younger members of the staff has ever affected students by a kind of electrical induction, so that strangers have been struck with the spirit which has animated all. I have heard our learned Dean remark how struck he was with this ardour when he first made his acquaintance with Guy's. A spirit of this sort when once infused into an Institution never leaves it. Guy's started with all the enthusiasm of youth and has ever preserved its character. The torch then lighted at the altar of ἀσκλήπιος has never died out, it is still burning, and it is for you, to whom I am now speaking, to let it never be extinguished. The enthusiasm which started the new school has ever been retained, and evinces itself in the wonderful *ésprit de corps* witnessed amongst its students. This has long been recognized outside our own walls, but with a natural feeling of rivalry has been unpleasantly styled conceit or self laudation. These expressions, although used disparagingly, do in fact testify to the fact that there is probably a feeling of self confidence or independence deeply implanted in Guy's men. A Medical Journal, some years ago, in reviewing a number of Guy's Hospital Reports, made the following remarks: "So long as Guy's Hospital can point to this regular issue of good practical reports, amply illustrated and well printed, it may be somewhat excused for that air of self laudation which it is generally admitted is one of its characteristics. The officials of the Borough Institution are supposed to believe that there is nobody like unto them; that they constitute in fact 'la crême de la crême' of Hospital society. Absurd as their idea may be, it is nevertheless clear that they can do what the members of no other Hospital can, viz: exhibit a respectable annual testimony of the past year's industry and its results in the field of practical medicine." Its independent course has been shown in various ways in the development of new methods of teaching up to the present time, when the large Dental department was established. I need say nothing of the College, because it is comparatively new, but I may state that the proposal of creating it is as old as the School itself.

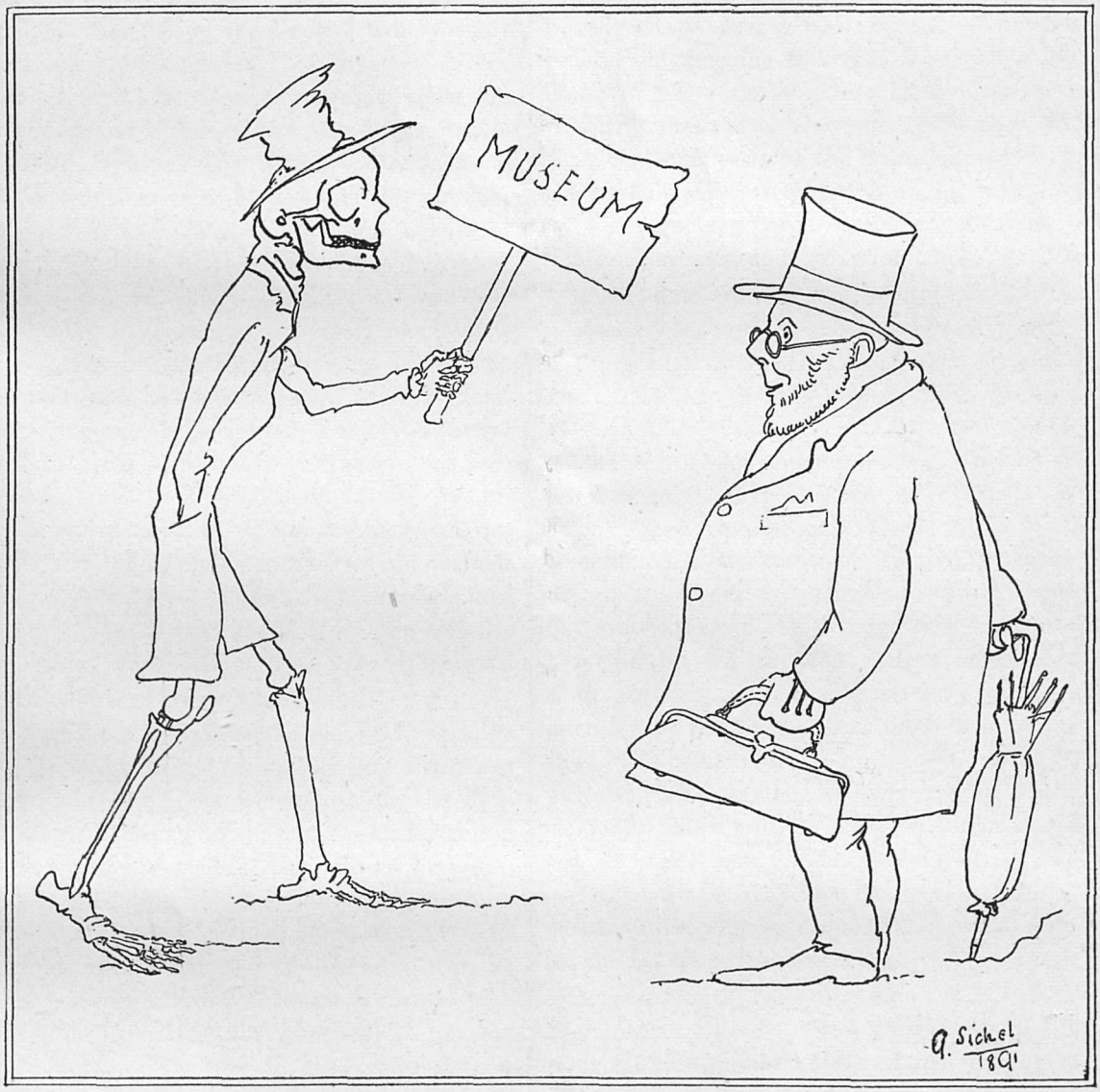
You gentlemen have now come to join this Institution so famous in the past, and to assist in carrying on its traditions. Your great object in life is of course a personal one, to pursue a profession in which you may be useful in your generation, and gain a livelihood for yourselves and future families. At the same time you will be inspired by the feeling that within these walls you are on ground where great men have trod, and that their spirits still haunt these

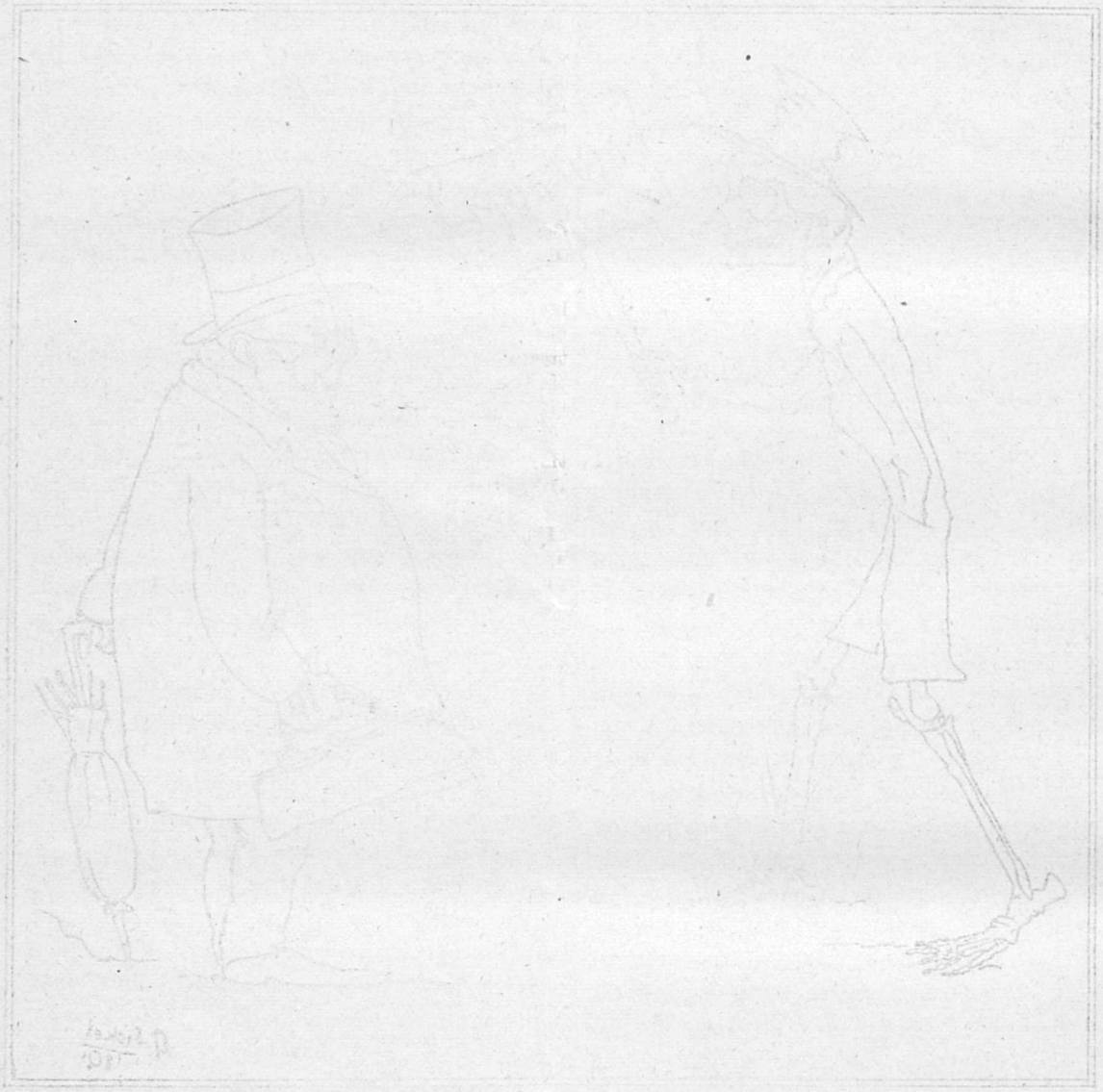
domains. You will see every one at work, and you will catch the latent fire and put forth all your energies to obtain the end for which you are labouring. The Hospital for most of you is your college. Some of you may have been at a public school in which your largest interest will ever lay, others have been studying at the older Universities, and to these your attachment has already been made, but for most of you the Medical School is the place where your friendships will be formed, where you will make life-long acquaintances, and found for yourselves clubs whose members will form a united brotherhood until the end of all things comes. These clubs have always been important institutions at Guy's; the first was formed at an early history of the School, and only one member of it I believe now survives. The second was founded nearly fifty years ago, and of this about six remain, of whom I am one. These clubs are unquestionably of great value in uniting men in indissoluble friendship, and I know of one instance where an enmity had sprung up between two members which would have ended in litigation had not the softening influences of the club come in to restrain them. Other clubs for amusement and exercise I need not mention, they are necessary for students, for no man can work unless he is well. The day's employment of the student, although arduous, is not an unhealthy or tiresome one. The hours of the morning may be devoted to study, as well as certain hours of the evening, whilst the afternoon is given to practical work: that is, doing something in distinction to imbibing knowledge. In this way the variety of subjects s invigorating to the mind, one faculty resting whilst another is employed.

I welcome, therefore, the new students who have come amongst us. Commence your work at once and you will feel strengthened by the medical atmosphere around you, you will soon be absorbed in your anatomy and physiology, and in another year in the more practical part. You have only to work steadily on and you will succeed, becoming an honour to your family, to the place where you sprang, and add to the glory of our noble Institution. What higher aim can any man have in this world than to know his name will be handed down as a benefactor of his race. Hanging before me I see an engraving of the well-known picture in our board room of Thomas Guy consulting with Dr. Mead, as to the construction of the Hospital. Better I think than being handed down to fame in marble or bronze is to be remembered for ever as saving the life of fellow man. For in this light did Dr. Young, the author of the "Night Thoughts" regard Mead—

> "How late I shuddered on the brink! how late
> Life called for her last refuge in despair!
> That *time* is mine, O Mead! to thee I owe,
> Fain would I pay thee with eternity."

I feel that most of you will pursue the right course, as I have a great aversion to preach to you on moral subjects, but as scientific men I may remind you that the moral world is ruled by as irrefragable laws as is the physical. You cannot disobey the one any more than the other without reaping the consequences; what you sow that you will reap. We have, unfortunately, now and then, men who will pursue the wrong path and come to beggary. When, of late, I heard of an old student who had spent his last farthing in dissipation, sitting in one room and working with his wife at a sewing machine for the sake of mere existence, I was fain to exclaim how true it is "that the way of the transgressors is hard," wrong doing can never end in good, and therefore let me entreat you to start in life fairly and honestly. I cannot do better than end my address by repeating the words of my late friend Dr. Wilson Fox, who on his death-bed said "tell the students of University College how much I love them; tell them that the surest road to success is to have a high standard of right and honour and to adhere strictly to it."


MUSEUM
G. Sichel
1891



TO DENTAL STUDENTS.

A few words of advice may be useful to students who are entering at Guy's Hospital for the Dental course. They should at once apply at the office of the Medical School where they may obtain printed cards shewing the lectures and demonstrations that must be attended, and a list of the text-books recommended. Printed lists of the student's outfit of instruments are also obtainable in the Medical School office, and no time should be lost in obtaining all the instruments indicated, for one cannot learn to do the best work with unsuitable instruments. Every student is required to go through a probationary period spent in receiving instruction in dental manipulations, and no one will be permitted to attend a patient until his work, done out of the mouth, has been approved by the Dental Staff. New students are required to exhibit, for the space of one week, the following specimens set in a single slab of plaster of Paris:—(i.) cohesive gold filling in an incisor tooth, (ii.) non-cohesive gold filling in the crown of a molar, (iii.) metal cap crown, (iv.) collar crown.

Candidates are recommended to show large fillings, and will find it an economy of time to finish their exhibits throughly on the first occasion. Specimens exist in the Conservation room which will guide the student in his work, and help will be afforded daily by the Dental Staff, the Dental House Surgeons, the four Demonstrators and the Curators. With so much teaching power available a rather high standard of manipulative work will be exacted throughout. The use of the mouth mirror should be cultivated from the very first, for it takes time to get accustomed to the inverted image, and every movement of the manipulator's instruments has to be reversed. Excellent practice with the mouth mirror may be obtained by fixing carious teeth in a block of plaster of Paris in such a way that the cavities cannot be seen without the use of the mirror. The pulp canals in the roots of the teeth should then be cleared out with drills, and should afterwards be packed with thin wisps of cotton wool introduced on a fine steel bristle. Valuable practice in finishing fillings may be gained by doing a few very large amalgam plugs and polishing them after they are thoroughly set. After the completion of the probationary period the student will be required to do, in each year of his pupilage, a fixed number of fillings, dentures, crowns, and correction cases.

Much time during the Winter Session is necessarily taken up by the lectures and practice of the general course, but Guy's men have the great advantage of being able to attend patients at any time during the day by appointment. After the first visit patients are not expected to be seen in the Conservation room except by appointment, and dental students cannot too soon learn the importance of punctuality in their practice. There is no excuse for keeping patients waiting in the Conservation room, and if gentlemen fail to keep their appointments their patients may be transferred to other operators at the discretion of those in charge of the Conservation room.

During the coming year three prizes of considerable value will be awarded for first and second year's men. The competition for the second year's prize and for the operative dental surgery prize will be an excellent preparation for the L.D.S. examination.

A great change has come over the L.D.S.E. examination during the last year or two, and it may be interesting to note that the percentage of rejected candidates is high. The examination is thoroughly practical, and it is not easy for candidates to get through on the strength of "cram," for whilst some members of the dental profession are appealing for a higher diploma in dental surgery, the R.C.S.E. seems determined

that the L.D.S.E. shall be a guarantee of thorough efficiency. At the present time the general course of study includes all the subjects of the 2nd conjoint examination, and the time approaches when a further advance will be made, and every dentist's name will be found in the Medical Register.

ORGANIC CHEMISTRY AT LONDON UNIVERSITY.

There appears to be no subject more capable of different interpretations than organic chemistry. The standard too appears to vary at London University, judging by the following extract from a letter we received lately on the subject :—

"It would be interesting also to know whose particular function it is to raise or lower the standard of any subject at London University, and whether it would not be well for the authorities there to communicate with the teachers at the medical schools when this is done, instead of allowing an examiner to convey his individual desire for a deeper knowledge in his own particular subject by playing 'ducks and drakes' with a student's chance of success, with a delight which was evidently manifest in the *vivâ voce* examination when the British Pharmacopœia was alluded to as the favourite medical cookery book, and a profusion of other little jokes thrown in, which ultimately led the examiner so far from his subject that he proceeded to state that *maltose* was a product of the action of the salivary glands."

Allowing for a certain amount of pique in the above utterances, there still remains a considerable quantity of truth which is very damaging evidence against the examiners; evidence which ought to be taken to heart and acted upon by the Senate.

We have also received a verbatim account of a *vivâ voce* undergone by a candidate at the recent Intermediate M.B. Examination. He seems to have been examined by one who has *not* the art of examining. Perhaps it is hardly our place to criticise our examiners, and if we felt that these had erred unintentionally we should be the last to dwell on the matter, but another correspondent puts the matter in the opposite light. He says—"I dare say these examiners regard the profession with the bitterness often seen in those outside it, and therefore attempt to wreak their vengeance upon the unhappy medical students: their remarks on the pharmacopœia seem to support this theory."

A correspondent from another hospital also states that there is more uncertainty about passing in organic chemistry than in any other subject.

Now there are only two ways of accounting for this. Either the teaching at the various hospitals is not high enough to pass the men, or the University authorities have raised their standard without letting the medical schools have a proper intimation of the fact.

We are, however, inclined to believe that it is not due to either of these reasons, but that it is rather the fault of an examiner who is unable to keep clear of personal prejudice, who has his fads and requires his candidates to understand and believe in them, and who is too much inclined to make light of ploughing "at lot of boys" instead of remembering the importance it is to the medical student to pass his intermediate M.B. as soon as possible in order to have the full benefit of a long sojourn in the wards of his hospital.

THE PRELIMINARY SCIENTIFIC.

At the Preliminary Scientific as at all other exams. conducted by the presiding genius of Burlington Gardens, many are called but few are chosen. Of the rejected there are many varieties, but the great majority is made up of three types.

First and foremost there is the ubiquitous *practical* man. He has the greatest possible contempt for all examinations and can easily be identified. He knows very little and despises all those who know more than

himself, especially the successful, who are according to him nearly always bad practical men, know their book work but no good in practice, you know!

Paradoxical as it may sound, he chiefly objects to the practical part of his exam. and can see no use in chopping up worms and potatoes, and breaking test tubes.

Allied to the preceding variety, but possessing distinct and less objectionable characteristics, is the "*man with brains*," the smart fellow, the clever boy of ladies, who passed Matric. on a fortnight's reading, and attempts to do this exam. by his *wits*.

To such a one Preliminary Scientific is a rough awakening, and the pluck does him a world of good.

The third type is the man who "reads too high". He won't read a small book, he prefers those which are rarely read, quartos of 2000 pages on some specialized subject are his favourites, and a dissection of some undescribed region is a source of unending delight.

Poor fellow! he means well, but comes a fearful howler.

You may be practical, some of you may even have brains, both are unavoidable, and any blame must be laid on the broad shoulders of Nature; but don't read high. There is such a tendency, when a man is first introduced to the world by science, for him to run riot amidst the wonders of which he has never dreamed. He wants to grasp all and know all at once. The baby cries for the moon and cannot shake its rattle. In science as in art, knowledge is built up but slowly, hard, dry facts must first be mastered, and then, and only then will the pursuit become a pleasure and its higher mysteries be appreciated.

But lifelong work will only gain a very little of that of which you coveted the whole.

Don't cry for the moon, shake your bells, and perhaps one day you will have a nice red lamp over your door.

In glancing over the lists of failures at the Preliminary Scientific nothing is more striking than the number of men who come to grief in Biology, especially in Botany.

Here particularly there is a danger of reading too high. The more advanced literature being so much more interesting than the elementary.

Students too have a way of remembering pictures and not actual preparations. Each should dissect the prescribed types as often as he is able, so as to obtain clear mental pictures of their anatomical arrangements. Practical Botany is more neglected than the Zoology and is really much more easily done. Lately there has been a tendency to set questions on systematic Botany, and every man, even for the pass, should be prepared to describe and to refer to their natural orders all the commoner plants. Systematic Botany is an impossible subject to read, but a knowledge of it is very easily acquired if approached in the proper manner. It is not a good method to begin by learning a lot of definitions and words used in description; a better plan is to take plants which are well known and compare them carefully with the description given in some standard "Flora", such as "Hooker's British Flora."

The names used in the description will then cease to be merely awkward words, but will come to take their proper function, and when heard will call up vivid impressions of a certain condition, such as a mere definition never could. A knowledge of the commoner hedgerow plants will suffice for the pass.

But for the Honours exam. a much wider knowledge is required, and, if possible, access to a well-stocked greenhouse or a botanical garden is advisable. Many of the lower types are difficult to obtain, but most can be had at a good naturalist's, such as Bolton's. Goebel, Sach's, and Vine's should all be read. De Barry's "Comparative Anatomy of Ferns and Phanerogams" is a perfect encyclopædia, and should at any rate be read in part.

In Botany, as in all other subjects of the exam., the honours work is very much in advance of the pass, and to take honours with twelve months' preparation is a big task.

In Physics and Chemistry, again, a little practical work is an immense advantage. Seeing apparatus, and especially working with it, is a great step towards understanding it. But, of course, in the time generally allowed for the Preliminary Scientific no one can acquire anything like a sound knowledge of the prescribed sciences. The great secret of success is to properly combine practice and theory. This is best done by using good practical manuals. Huxley and Martin's "Practical Biology"; Bower and Vine's "Practical Botany"; published by Macmillan & Co., are excellent works, and should be obtained by every candidate.

SALVETE NOVICII!

It is part of our nature that we should resent nothing more than the advice of those who have gone through what we are about to enter upon, and who have, so they say, experience, which we have not. It is like being told the plot of an exciting story before reading it, which converts the reading into the most wearisome business possible. It takes the whole zest out of an enterprise which from its novelty is naturally stimulating to the imagination. Besides, it robs us of what should be every man's proudest privilege, the right of profiting by his own blunders.

In addressing, therefore, those who are about to initiate themselves in the mysteries of student life at Guy's, let it not be supposed that we intend to do so with the patronizing air of experienced elders, who could or would like to manage the affairs of others for them. It is true we have been through the course at the "other end," but we do not imagine for a moment that our careers in that sphere justify us in posing as models to a younger generation. We admit our failures, but we have such pleasant recollections of the feelings with which we bungled on through two or more years in the dissecting room,—the excitement of the first week, the first "dem." and the

zeal with which we stamped at it, the seven men on the same subject, and all the others we gradually got to know in the noisy hours after nine o'clock lecture, or when the room was left to the occupation of hushed enthusiasm later in the afternoon,—every detail is so fresh in our grateful memories, that we cannot pass by an opportunity of congratulating those about to enter on so eventful and so important a period in their lives, and of telling them how much we envy the pleasures they will find in it.

And if in response to our congratulations we may imagine them approaching us, and asking us, simply out of courtesy appearing to take an interest in the ancient history of our experience, what we should recommend them to keep in view as they make triumphant progress through the provinces of Anatomy and Physiology, we can imagine that we should answer with all humility (quite a different thing from offensively proffering the arrogant advice of impertinent experience,)—"Three points at any rate." First that examinations are only apparently the object for which we learn anatomy. A knowledge of anatomy is amongst other things what we shall depend upon in establishing our claim as useful citizens to the means of livelihood. And therefore though we study it primarily to pass examinations; it is more necessary to bear in mind the sort of way in which we shall have to make use of it after the days of examinations, to do this we must endeavour to appreciate the use of anatomy in surgery, upon which every surgeon insists so strongly. We may, for instance, read Treves' "Surgical Applied Anatomy," or we may pick up in the operating theatre, or at a clinical lecture on surgery the applications of anatomy, and in that way get impressed instinctively with what it is vitally important to know. Examinations will not inspire; an intelligent interest in surgery may. Secondly, we would point out the fallacy of a misleading tradition, that skill in dissecting has nothing to do with surgical skill. This may have been absolutely true in the old days. But modern surgery has much more in common with dissecting. Watch the rising surgeons operate, and the instruments most used will be seen to be just those in use in the Dissecting Room. Scalpels, forceps and scissors with bone forceps, chisels and the mallet. "So and so operates like a dissector" is a common criticism of the modern surgeon. It sounds paradoxical to those accustomed to the old tradition, still we believe living on in the dissecting rooms, that skill learnt there had to be unlearnt in the operating room. Lastly, we would mention the tendency, to which we in our laziness fell victims, the tendency whenever we came across anything which we did not understand at first reading, to go and get a "dem." on it from someone else. No one could teach us as we might, if we had tried, have taught ourselves. There are, of course, knotty points that want explaining, and that are explained thoroughly by the demonstrators. But the habit of trusting to "dems." may become a vice.

And now thanking our audience for the courteous way in which they have led us on, and (with a smile on their faces) induced us, contrary to the intentions with which we started, to indulge the garrulity of old age, we return to what was our primary object, to congratulate them most sincerely on what they have in store for them during the coming Winter Session, as many of them especially (not more than three we hope) as they shall spend in the dissecting room.

R. G. P. LANSDOWN, whose portrait we give in this number, entered as a student in October, 1883. After passing his first M.R.C.S. he held the various minor appointments, and became deservedly popular amongst both staff and students. In 1886 he went to Durham, where he kept his year's residence preparatory to taking the degrees of M.B., B.S. On returning to Guy's in 1887 he was appointed Full Dresser, and afterwards became Clinical Assistant, Dresser in the Eye Wards, Obstetric Resident, Assistant House-Surgeon, and finally House-Surgeon to Mr. Lucas.

Socially he was a typical gentleman, ever ready to do a kindness to a friend as his contemporaries would testify. He was unanimously elected President at the Residents' table, and as Chairman of the Smoking Concerts in the Club he showed his powers of combining discretion with general jollity.

He has now left us to begin the work of a general practice, and he carries with him the best wishes of all who knew him for his success in that work.

RECENT PUBLICATIONS.

Charteris' Practice of Medicine. 6th edition, 12mo. (Churchill), 9/-

Darwin's Origin of Species, by means of Natural Selection. 6th edition, post 8vo. (Murray), 6/-

Fagge's Medicine. 3rd edition. By P. H. Pye-Smith, M.D. 2 vols., 8vo. (Churchill), 40/.

Hartridge's, The Ophthalmoscope. Post 8vo. (Churchill), 4/-.

Heath's Clinical Lectures on Surgical Subjects. 12mo. (Churchill), 6/-.

Kneipp's, My Water Cure. Translated from the 30th German Edition. Post 8vo. (Blackwood), 5/-.

Taylor's (F.) Manual of the Practice of Medicine. 2nd edition. Post 8vo. (Churchill), 15/-.

Passim.

Once more it is our pleasant duty to give a hearty welcome to all new Guy's men. We need not tell them that they have both chosen the best profession and the best Hospital they could, for they will already have made up their minds on that point. Let them, however, remember that "Union and general good fellowship" is our motto, and that the name of Guy's is now and will, we hope, always be kept at the top of the list of Hospitals by the *ésprit de corps* of her students.

The work of erecting the new Dental buildings is progressing rapidly. The first stone was laid on August 19th, at 10.30 a.m.

The first meeting of the Physical Society will take place on Thursday next at 8 p.m., when the chair will be taken by Dr. Wilks. Dr. Y. C. Uhthoff will read a paper on "*What shall I go in for, and how shall I work for it.*"

There will be a dinner in the dining hall of the Club at 6 o'clock sharp, prior to the meeting, at which Dr. Wilks has also signified his intention of being present. Tickets, 3/6 each, may be obtained in the Club and at the office, and should be asked for at once as there are very few left.

We congratulate Mr. H. L. E. Wilks most heartily on his pluck in sticking to his duties whilst the petty storm, raised by a quick-tempered senior, raged round him at the Salisbury Infirmary. He has survived triumphant, and will, we hope, long remain, as he is now—a good specimen of a Guy's man.

We print in another column the proposed rules of the new Guy's Union. The Amalgamation Scheme has, after much inquiry, been found, as we stated long ago in these columns, to be a scheme of great promise, and its success now depends entirely on the students themselves.

Several alterations have been made in the Hospital buildings during the long vacation. Cole's room has been enlarged, and will in future be used to begin the anæsthetic, in order that the patients may be unconscious when they reach the theatre, and that the delay there now is before every operation may be lessened.

The Commissionaire's room has been enlarged and the lockers moved there from upstairs. The room upstairs has been fitted up as an operating room for Mr. Symond's classes.

We notice that Mr. Cock's old house, at the corner of Dean Street, is being pulled down. It is one of the oldest houses in that neighbourhood, and Mr. Cock went to live there when he was turned out of his house in St. Thomas's Street by the rebuilding of the London Bridge Railway Station. Long was the stream of carriages which used to wait at that corner, and many are the tales told by the inhabitants of those parts about the visions of wealth and beauty which were to be seen every morning passing through the old-fashioned door.

The number of candidates for the Entrance Scholarships in Arts and Science is larger than usual, and a large entry of new students is anticipated.

Those who are anxiously expecting the publication of Dr. Wilks's and Mr. Bettany's Biographical History of Guy's Hospital, will be glad to learn that the book is in type, down to the end of the last century, and that rapid progress may be expected with book III., dealing with the present century of Guy's and its famous physicians and surgeons. The progress of the work has been somewhat delayed, owing to Mr. Bettany's ill-health during the summer. Subscribers names will be received by Mr. Wells, at the Medical Office; the subscription price being 10/6.

THE first meeting of the Guy's Dramatic and Musical Society will take place during the second week in October. The hour and date of the meeting will be announced shortly.

A SHORT Comedy and a Farce have already been chosen, and the parts are now being allotted. They will be put on in the second week in January. Notwithstanding his numerous engagements, Mr. Charles Collette, who has already shown a lively interest in the birth of this Society, has written to say that he is ready to coach the men in their parts, and we are, therefore, certain that the first venture of the Dramatic half of the Club will be a successful one.

WE have received the list of lectures to be given at the Parkes' Museum, 74A, Margaret Street, W., in Hygiene, during the forthcoming Winter Session. These lectures are especially arranged by the Sanitary Institute for the instruction of Sanitary Officers. They will be given on Tuesdays and Fridays, at 8 p.m., and a small fee only is demanded to cover the necessary expenses.

THE list of successful candidates in the recent examination for commissions in the Medical Staff of Her Majesty's Army shows that Mr. E. M. Pilcher passed first on the list, while Mr. W. G. Beyts took the third place, in a competition for twenty vacancies. We cordially congratulate both these gentlemen.

OWING to the paucity of space in this number, the article on Private Nursing will not appear till the next issue.

FORTHCOMING EVENTS.

Oct. 1. First Meeting of the Physical Society at 8 p.m.
Second Conjoint Examination begins.
Club Dinner at 6 p.m.
,, 5. Applications received for one Assistant House-Physician and two Assistant House-Surgeons, and Full Dresserships for November.
,, 6. First Conjoint Examination begins.

AN OLD AND VALUED FRIEND.

BY OUR SPECIAL CORRESPONDENT.

"Well, Samivel," said I, as I shut the door of Betts' snug room behind the anatomical theatre, "how goes it?"

"I think it is an insult," said our old friend Mr. William Betts, as he viciously snapped together the jaws of one of our departed brethren (on second thoughts I think it was a sister's).

I found he knew all about it already, and explained to him that men like Gladstone, Betts, and Beaconsfield must expect to be caricatured sometimes.

"Well, now, can't you tell me some stories about the many students you have met?"

"Well, I've heard a good many from students, but they're all rather doubtful in character."

Hastily changing the subject, I asked him for a little historical sketch.

"Well, I first came here in 1850, and for six years I was the junior. Since then I have had sole charge of the place. I have seen fathers and their sons too as students, and before long I've no doubt I shall see some of their grandsons. (How prolific is the medical fraternity).

"Do I think the students have altered? Yes, I do. They have to work now-a-days, whereas in old times it was entirely a fluke whether they got through or not. I don't think, too, they are as rich as they used to be, although, mark me, they are none the worse for that.

"Have the lecturers altered? Well, they are more at one with the students. Students did not approach Addison, Babbington, or Bransby Cooper in the way they now do their lecturers.

"Which bones are in most request? More people bother their *heads* about the *skull* than anything else *(excuse my humour)*. The hand and foot are next in demand, and the clavicle is always being asked for. One man had a clavicle regularly every day for a week, poor fellow. Yes, they often disappear very mysteriously; in fact it's one man's work to look over the bones."

"How about the lectures, Mr. Betts?"

"Well, they are listened to much more quietly than they used to be. The old introductory lectures were the most disorderly riots I ever came across. Hats used to be thrown about. Pots of beer made their appearance beforehand in the prosectors' room. One of the most powerful lectures I remember was the last which Mr. Hilton delivered on anatomy. The students followed him in a body from the theatre to the colonnade, cheering him all the way."

"Aren't you afraid to tell these tales of the many great ones who have sprung up since their early student days."

"Oh! they know it's all true," said our old friend; and after having a friendly toss for a brown, our correspondent took his leave.

THE GUY'S HOSPITAL CLUBS' UNION.

We have received this draft of the rules for the new Union. A copy of them has been sent to the Secretary of each Club, in order that they may be considered : –

1. The Guy's Hospital Clubs' Union shall consist of the following Constituent Institutions : — Association Football Club, Athletic Club, Cricket Club, Cycling Club, GAZETTE, Lawn Tennis Club, Pavy Gymnasium, Physical Society, Prayer Union, Reports, Rugby Football Club, Students' Club, and of such other Institutions as shall subsequently be admitted.

2. The affairs of the Union shall be managed by a Council consisting of six members of the Hospital and School Staff, to be elected annually at a school meeting, and of six representatives of the Students, to be elected annually in May, in the following manner—

(i). Two to be appointed by the committee of the Students' Club.

(ii). Two to be appointed at a meeting to which each of the committees of the several Athletic Clubs shall be empowered to send five representatives. This meeting shall be convened by the secretary of the Rugby Union Football Club.

(iii). Two to be appointed at a meeting to which each of the committees of the remaining Constituent Institutions shall be empowered to send five representatives. This meeting shall be convened by the secretary of the Physical Society.

3. The Council has power to admit any new Club or Society as a Constituent Institution of the Union, or to remove any Constituent Institution from the Union by the vote of a majority consisting of not less than eight members of the Council.

4. Each Constituent Institution shall undertake by its secretary or treasurer not to allow the privileges of membership to any student (except such as entered the Hospital before October, 1891) who is not a member of the Union, nor to any member of the Union during such time as his name may be posted as a defaulter.

5. The Council shall meet once every three months, and at such other times as the secretary or any three members of the Council may think necessary. Of such extraordinary meetings the secretary shall give not less than three days' notice, and of quarterly meetings not less than seven days' notice, specifying in each case the business to be transacted. Five members to form a quorum.

6. The Council shall at the first meeting after their appointment elect annually from their number a president, a treasurer, a secretary, and an assistant secretary. The same president shall not hold office for more than two consecutive years.

7. The Council shall appoint two auditors of their accounts, one a member of the Staff, and one a Student; neither of whom shall be a member of the Council. The Council may also appoint an auditor or auditors of the accounts of the Constituent Institutions.

8. The treasurer shall prepare a yearly balance sheet of the accounts of the Union up till the 31st March, which shall be duly audited and presented to the outgoing Council in the month of May in each year.

9. The Council shall have control of the funds of the Union, and of any field or other place or appliances the use of which is common to two or more of the Constituent Institutions, but shall not control in any other way the management of the Constituent Institutions.

10. Each Constituent Institution shall forward to the secretary of the Union not later than the 1st of October in each year the audited accounts of the year ending on the preceding August 31st, and a budget setting forth the probable expenses of the current year.

11. The Council shall, after the consideration of the accounts and budgets, inform the treasurer of each Constituent Institution what sum will be placed at his disposal for the year.

12. Should the expenses of any Constituent Institution be less than the sum authorised by the Council the balance shall remain in the hands of, to be repaid to, the treasurer of the Union ; but should the expenses exceed the sum authorized, the committee of the Constituent Institution shall be responsible for the deficit.

13. Membership of the Clubs' Union shall entitle to the privileges of membership of each of the Constituent Institutions.

14. All Patrons of the Clubs' Union, and all members of the Hospital and School Staff, and such other persons as shall be elected by the Council, shall be honorary members.

15. Students of the Hospital shall be allowed to join the Union on payment of the annual subscription, or of a composition fee for life membership. The annual subscription shall be £2 2s. 0d. The payment of five consecutive annual subscriptions shall entitle to life membership, subject to Rule 20. Subject to the same rule members may compound for life membership at the following rates :—

On entrance by payment of	£8 8s.	
After payment of one annual subscription, by payment of	£6 16 6	
(Two) „	5 0 0	
(Three) „	3 3 0	

Note A.—Life membership of the Union entitles to life membership of all the Constituent Institutions except the GAZETTE and Reports, free copies of which will be presented to members only during the first five years of their membership.

Note B.—Students who entered before October, 1891, may compound for life membership at the following rates :—

Present students in their fifth, or later years, and past students, by payment of £1 1s. 0d. [with a deduction of 10s. if they are life members of the Students' Club].

Students in their fourth year by payment of £3 3s. 0d. [with a deduction of 20s. if they are life members of the Students' Club].

Students in their third year by payment of £4 4s. 0d. [with a deduction of 30s. if they are life members of the Student's Club].

Students in their second year by payment of £5 15s. 6d. [with a deduction of 40s. if they are life members of the Students' Club].

These composition fees only entitle to free copies of the GAZETTE and the Reports for one, two, three and four years, respectively.

16. Students joining the Hospital for special classes may be admitted to the privileges of membership of the Union (exclusive of the GAZETTE and Reports), upon payment of a subscription of 10s. 6d. for three months.

17. No student shall be considered to be a member of the Union, nor entitled to the privileges of membership, until he shall have paid his subscription, and signed his name in the Members' Book, thereby undertaking to abide by the rules.

18. The annual subscriptions of members joining the Union between April and August inclusive shall become due on the first day of May, and those of members joining between September and March inclusive shall become due on the first day of October.

19. Every member whose subscription is more than one month in arrear shall be suspended from the privileges of membership, and his name shall be posted in the Students' Club. After two months' default he shall cease to be a member of the Union, and shall not be re-admitted without the consent of the Council, who shall, if they think fit, impose a fine of five shillings upon his re-admission.

20. Any member of the Union who shall be expelled from membership of one of the Constituent Institutions for misconduct may be expelled by the Council from the Union.

21. No alteration of, or addition to, these rules shall be valid unless it be confirmed at a subsequent meeting of the Council by a majority consisting of eight members. Of such proposed alteration or addition the secretary, at least fourteen days before the meeting of the Council at which it is to be confirmed, shall give notice in writing to the secretary of each of the Constituent Institutions, and shall post a notice in the rooms of the Students' Club, and shall cause a notice to be inserted in the GUY'S HOSPITAL GAZETTE.

RUGBY UNION FOOTBALL CLUB.

All gentlemen who have not exceeded their fourth year, and particularly Freshmen, who desire to play football this season, are requested to give in their names without delay to the Captain—Mr. H. Cooper— or one of his representatives, who will be in the Smoking Room of the Students' Club between 1 and 1.30 p.m. daily in order to receive names.

THE STUDENTS' CLUB.

Everybody joins the Students' Club, so if you want to know what are its advantages ask the first man you meet. The most important event of last year has been the starting of the Library of general literature. It is not very large as yet, but it will grow, and it already contains representative books in almost every department of English literature. By paying a deposit of 10s. and an annual subscription of 1s. one volume at a time may be borrowed, and those who are not content with standard works have the whole of Mudie's library at their disposal, to which the Club Library is affiliated. It is expected that the Librarian who attends daily from five to six will be kept pretty busy giving out books during the Winter Session. Members who wish books borrowed from Mudie's or purchased for the Library should leave the name of the book they pine for with the Librarian. The Club Smoking Concerts, which were held once a month last winter, on Saturday evenings, were a great success, and we trust to their originators to provide us with equally good ones this session. It is suggested that we might have one or two more House Dinners every year.

NOTES FROM THE DISPENSARY.

THE PHARMACOPŒIA OF GUY'S HOSPITAL, 1891.

The new Pharmacopœia, which I believe will be ready for issue by the end of October, consists of about 200 pages, and is the same size as "Martindale's Extra Pharmacopœia." The drugs of the British Pharmacopœia, with their preparations and doses, are included, and the whole is arranged alphabetically, the names of Guy's formulæ being underlined. The following, taken from page 119, will illustrate the arrangement:—

Pilula Colocynthidis Composita, B.P., contains Colocynth Pulp, Barbadoes Aloes, Resin of Scammony, Sulphate of Potassium, Oil of Cloves, Distilled Water.

Preparation, G.H.P., Pilula Colocynthidis cum Calomelane.

Dose: 5 to 10 grains.

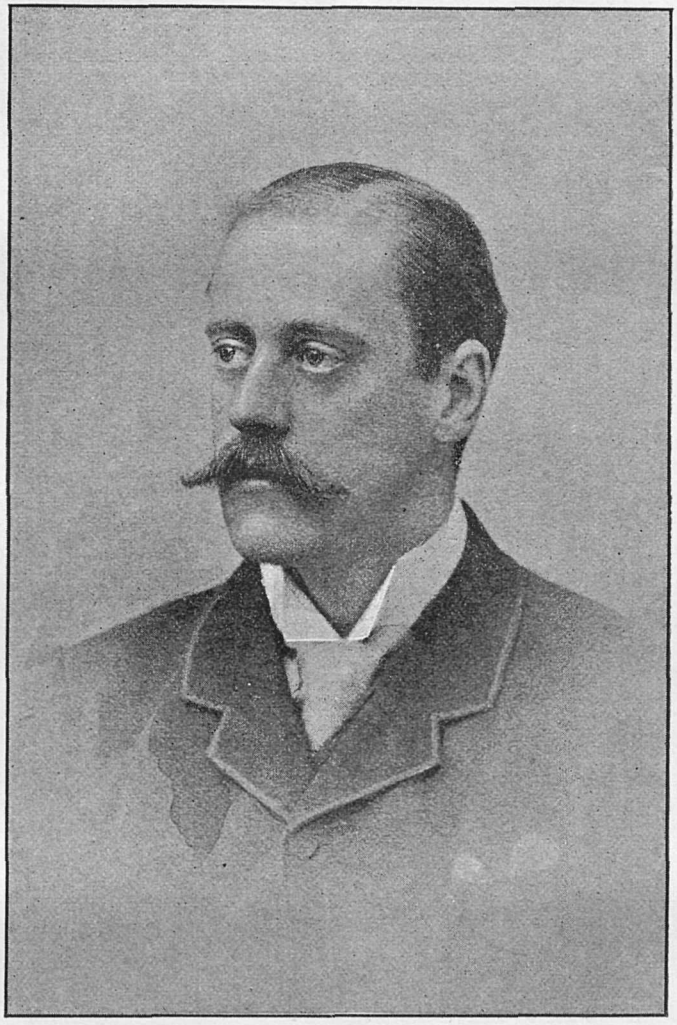
PILULA COLOCYNTHIDIS CUM CALOMELANE, Colocynth and Calomel Pill.

Take of

Compound Colocynth Pill ...	4 grains
Calomel	1 grain.

Mix for 1 pill. *Dose: 5 to 10 grains.*

The book will be useful not only to prescribers but also to nurses, for it contains in the Appendix instructions as to Dietary, and full directions for the preparation of Artificial Human Milk, Lemonade, Beef Tea, Chicken, Veal, or Mutton Broth, Nutrient Enemas, Peptonised Meat or Milk, &c. The formulæ of such preparations of the B.P. as Cataplasmata Enemata and Vapores, which come within the province of the nurse, are given in full.



R. G. POOLE LANSDOWN,

M.B., B.S. Dur., M.R.C.S., L.R.C.P.

There are four pages of Formulæ for Children, and a Table of proportionate doses for different ages.

The Appendix contains a full description of the methods for the qualitative and quantitative analysis of Urine for albumen, sugar, urea, &c. Solutions for staining Tubercle Bacilli, Ehrlich's Solution (for enteric fever), the Weights and Measures of the British Pharmacopœia, and Antidotes for Poisons.

The following shows the great increase in the number of formulæ compared with the last edition of the Hospital Pharmacopœia, published in 1879 :—

	New Pharmacopœia.	G. H. P. 1879.
Aquæ	—	1
Balnea	7	6
Collodia	2	—
Collyria	2	4
Confectiones	1	1
Decoctum	1	—
Dentrificium	1	—
Emplastrum	1	—
Enemata	3	6
Extracta	4	—
Fotus	4	—
Gargarismata	9	7
Glycerina	8	1
Guttæ	7	4
Haustus	6	—
Inhalatio	1	7
Injectiones Hypodermi ...	4	3
Insufflatio	4	—
Lamellæ	5	—
Linctus	3	1
Linimenta	6	2
Liquores	6	2
Lotiones	29	26
Misturæ	79	52
Olea	3	—
Pasta	—	2
Pessarium	1	—
Pigmenta	10	—
Pilulæ	33	23
Pulveres	8	9
Suppositoria	2	—
Syrupi	7	—
Tabellæ	4	—
Tincturæ	9	3
Trochisci	3	—
Unguenta	33	17
Vapores	2	—
Vaselina	8	1

H. COLLIER.

VOLUNTEER MEDICAL STAFF CORPS.

This being the time of year when we have the largest number of men coming to join us, it seems an appropriate moment to bring before the notice of our readers that portion of the Volunteer force which is particularly associated with us, viz.: the Volunteer Medical Staff Corps. This corps possesses peculiar advantages to the recruit; he is taught first aid, bandaging and ambulance drill; this is not only useful to him in the Hospital, but also if, when qualified, he wishes to enter the army.

There are three camps in the course of the year, Easter, Whitsuntide, and the first week in August, when the corps goes under canvas at Aldershot for systematic training with the regulars.

Although not a rifle corps, there is a shooting club attached to it, so that those who wish to shoot can do so, and become eligible for the Inter-Hospital Cup Team. The corps is also a valuable aid towards social intercourse between the men of different Hospitals, especially between Guy's, London and St. Mary's, which together constitute No. 2 Company. Any further information respecting the corps can be obtained from

Sergt. H. FULHAM-TURNER.

Reviews.

We have received from Messrs. Lewis & Son another addition to their useful Students' Series, in the form of a handbook of Diseases of the Ear, by Urban Pritchard, M.D., F.R.C.S. It is one of the most complete books yet issued in this series, and contains a fund of information really useful to all students. It is surprising how little is known about the Ear by general practitioners; such an operation as syringing out wax is often performed in a blundering manner very disagreeable to the patient, and the various appearances of the tympanic membrane are absolutely unknown. With a handbook such as the one now before us, both practitioner and student can easily obtain a pretty clear insight into all the commoner complaints and can learn their treatment. The more obscure diseases, such as labyrinthine vertigo, are well described, and a chapter is specially given to the treatment of deaf-mutism. An appendix also contains prescriptions found useful by the author. We recommend this book strongly to all who desire a practical account of diseases of the ear.

FOR SALE.

Surplus books (duplicates) belonging to the Library, apply to the Librarian.

Bain's Emotions and the Will	5 0
Bennett's Medicine	5 0
Bennett's Clinical Lectures	8 6
Bell's The Hand	5 0
Aiken's Outlines of Medicine	1 0
Carpenter's Manual of Comparative Physiology ...	5 0
Duchenne's Localized Electrization, 1871... ...	1 0
Finlayson's Clinical Manual...	3 6
Hughes' Auscultation, 1854	5 0
Lee's Diseases of Children, 1885	1 0
London Medical Record, vols. 1873 to 1887 (unbound), per vol.	0 6
Hilton, On the Cranium	1 0
Köllicker's Human Microscopic Anatomy... ...	5 0
Kolk's Spinal Cord	1 0
Kussmaub and Eenner's Convulsions, &c.	1 0

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE PARADOXICAL TREATMENT OF INFLAMMATION.

DEAR SIR,—When a patient suffers from pleurisy the usual local treatment consists in the application of a poultice, hot fomentation or blister, with the view, presumedly, of determining blood to the surface, and so reducing the inflammation of the parts affected beneath by diminishing its amount there. Probably too there is some not quite explicable counter-irritant effect produced. This mode of treatment has the appearance of being a rational one.

When a patient suffers from Meningitis the usual local treatment consists in the application of *cold* to the head, the scalp being, as a rule, shaved to facilitate this. The idea *here* apparently is to cool and constrict the vessels on the *other* side of the calvarium, and so reduce the amount of blood and, ergo, the inflammation within the skull. Does this mode of treatment appear to be a rational one? Why, in two similar conditions, the treatment in the one should be so diametrically opposed to that in the other, is entirely beyond my ken! Surely the rationale in the latter case is comparable to that in the former! And we are bound to believe, if the hypothesis accepted with regard to the treatment of pleurisy be correct, that the application of cold to the skull, by constricting the external vessels, tends to dilate those within and therefore to increase the amount of blood in and about the inflamed membranes. It is true that this irritability may be reduced, but this probably only means an advance towards the comatose state; and the lessening of pain is easily accounted for by the numbing effect of the cold on the superficial nerve endings. Hence, although the *symptoms* may decrease, it seems reasonable to believe that the *disease* is not diminished, except in so far as the cooling of a considerable surface tends to lower the general temperature and reduce fever. Would it not be more scientific in cases of meningitis to apply ice bags to the axillæ and hot fomentations to the head? I have not heard of such treatment having been carried out, but am prepared to try it. My attention has been directed to the subject by the statement of a lady to the effect that she finds relief when suffering from headache by the application of towels wrung out of very hot water.

With regard to pleurisy and pneumonia, treatment with ice poultices has lately come into vogue, but apparently chiefly on account of the general anti-pyretic effect. The ice would probably be of greater service in the axillæ or groins.

Surbiton. E. C. KINGSFORD.

ANÆSTHETICS AT GUY'S HOSPITAL.

DEAR SIR,—Can you afford me space for a few lines suggested by Mr. Harsant's letter in your issue of Sept. 12th. Everyone will agree with me when I say that the remodelling of the Hospital appointments, instituted 18 months ago, has greatly benefitted our School, but in making the alterations many old customs had of necessity to be dropped—some good, some bad.

One exceedingly good old custom has, during the last two years, been allowed to drop out of use—and, as far as I can see, no individual person can be responsible for its discontinuance. I refer to the "Anæsthetic Register" which used to be kept in the Senior House-Surgeon's sitting-room. A printed form was posted in the Dressers' Rooms, on which everyone administering an anæsthetic in the Hospital had to enter: (i.) name of administrator, (ii.) name and age of patient, (iii.) anæsthetic employed, (iv.) nature of operation, (v.) any observations made during the administration.

Before going out of residence, the Senior House-Surgeon entered all these properly dated in the above-mentioned register. A strict record, such as I have described, is still kept in our Ophthalmic Operating Theatre. Surely it is far more important that such a record should be kept on the General Surgical side where so many more anæsthetics are administered, and those of various kinds, for, as we know, little is used in the Eye Wards save the A.C.E. mixture.

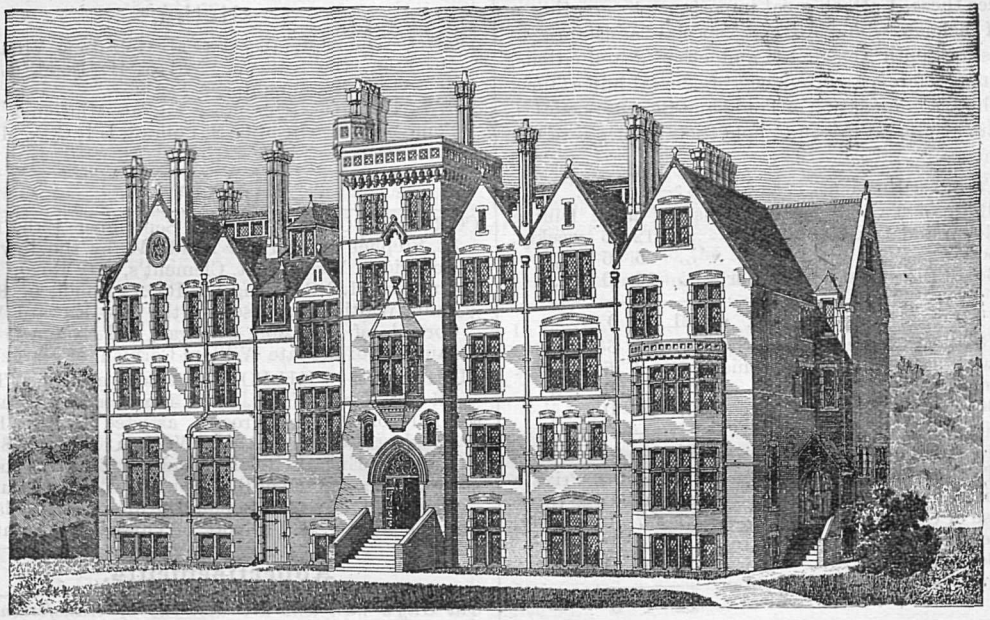
If not out of place for me to do so, I should propose that one register be provided in the "old rooms" for the two Assistant House-Surgeons, and any casual anæsthetists; one for the Charities to be kept in their sitting-room; and one for each of the Full House-Surgeons, in which the corresponding House-Physician could enter any given by him. These books could be handed in for inspection when the term of office expires, and signed by a member of the Staff.

As it seems probable that before very long some public official inquiry, with regard to the relative merits and demerits of the different anæsthetics in use, may be held, I hope that some such system may be started. It will look very bad when the time comes, if such a "thorough" Hospital as our Alma Mater, cannot produce some valuable statistics when it has so vast a field for obtaining them.—Believe me, dear Sir, sincerely yours,

Clifton. ROBERT G. POOLE LANSDOWN.

DEAR SIR,—I am very grateful to you for the opportunity which you have given me of describing the work of the Bermondsey Settlement, and of inviting the help of Students of Guy's Hospital.

The successful establishment of Toynbee Hall in Whitechapel, and of Oxford House in Bethnal Green has done much to call attention to the vast needs of those Central Districts of London, which have long been deserted by the more educated and well-to-do. They have shown the importance and the possibility of establishing strong centres of religious, educational, and social progress in such poorer neighbourhoods. They have enforced the responsibility resting upon those who have enjoyed the advantages of higher education, to share its blessings with their less favoured brethren, and to bring



about those improved social relations for which all high-minded men are looking. By the breadth and elasticity of their work, and by the formation of small communities of residents, they have made it easy for men of the most various gifts to do something for the common good, without demanding of them any large amount of discomfort in doing it. And their unsectarian spirit has enabled men of different Churches to co-operate in works of practical Christianity.

A district—Bermondsey and Rotherhithe—lies at the door of Guy's Hospital, demanding perhaps more urgently than any other the kind of help which Toynbee Hall and Oxford House are giving on the north side of the Thames. Mr. Charles Booth, in the second volume of his great work on the "Labour and Life of the People," has drawn attention to the exceptional needs of this portion of London, not only on account of the great poverty of a part of it, but also because of the general dulness of life even in the parts which are better off. "At every turn there is a lack of life," he says, and this is largely the result of the absence of all effective force opening the way to a higher and fuller life, creating and organizing the supply.

In such a neighbourhood we are establishing the Bermondsey Settlement, which we hope to open by the end of November next. The movement originated with Wesleyan Members of the Universities of Oxford, Cambridge, Edinburgh and London, and with some of the leading Wesleyan Schools throughout the country. But it has met with warm and general support on the part of eminent members of all the churches. Among our Vice-Presidents are the Earl of Aberdeen, Canon Freemantle, the Rev. S. A. Barrett (Warden of Toynbee Hall), Dr. Fairbairn, Dr. Paton, Dr. Clifford, Professor MacAlister, F.R.S., the Master of Downing College, Cambridge (Dr. Hill), and Mr. Evan Spicer. Our motives are not sectarian. The work of our Institute will be placed in broad relation to the needs of the neighbourhood. We shall welcome in our counsels and enterprise the help of all who desire to serve the people. Wesleyan residents will help me in evangelistic work elsewhere. Other residents will naturally help the churches to which they belong. The Institute will exist in the equal benefit of all who desire its help for any of the purposes for which it exists.

Our buildings, when completed, will contain a Lecture Hall, Gymnasium and Tennis Ground. Several Class Rooms, a Students' Laboratory, and a Technical Workshop, a Residence for at least 20 men, and a House for the Warden. The total cost will be more than £13,000.

The buildings are situated in Farncombe Street, Jamaica Road, a very quiet street, which has been chosen for the sake of the residents. It is close to Spa Road Station, and thus within 10 minutes' reach of Guy's Hospital by rail, or about 15 minutes' walk.

It is impossible, within the limits of this letter, to give details of our proposed work. It may be perhaps summed up under the following heads:—

1. The delivery of courses of University Extension Lectures, the carrying on of Educational and Recreative Classes, Clubs and Reading Rooms, the provision of Popular Lectures and Wholesome Entertainments.

2. Assistance in the administration of Local Government and Charity.

3. Effort on behalf of Temperance and Social Purity.

4. Religious Teaching, expository and apologetic, Addresses to the more thoughtful by means of Lectures and Bible Classes.

Besides these, I attach great importance to creating a body of helpers who will give special assistance to students for South Kensington and other examinations, to holding conferences on subjects of general importance, and to the accommodation of Trade and Benefit Societies, which are at present driven to hold their meetings in the public-house.

The Tariff for Residents is as follows:—

1. Rent of Two Rooms (with use of large Dining Room and Drawing Room)	...	12	6	weekly.
Service	...	5	6	,,
Board (breakfast and dinner)	...	10	0	,,
	£1	8	0	
2. Rent of one combined Sitting and Bed Room (with use of Common Rooms)	...	9	6	weekly.
Service	...	4	6	,,
Board	...	10	0	,,
	£1	4	0	
3. To those who are willing to do without a Private Sitting Room, a few Dormitories can be let (with use of Common Rooms) ...	...	7	0	weekly.
Service	...	4	0	,,
Board	...	10	0	,,
	£1	1	0	

Luncheon and tea (except on Saturdays) and washing are extras. It will be possible, perhaps, for some who desire to economise to arrange to share sitting rooms.

Each resident will be pledged to devote a portion of his leisure to some branch of the work of the Settlement as may be agreed upon with the Wardens, and no one will be fully received as a resident till after three months' probation. Of course, we shall welcome non-residents as well as resident workers.

Here, then, we have an Institution fitted to meet the special need of the most neglected part of South-East London. Is it too much to hope that in the future many of the students of Guy's will take a special interest in it, and supply a considerable number of our workers? I think not. I know how busy the life of a medical student is. But in this case the place and the work lie so near to the Hospital that, especially for residents, there would be but small difficulty in finding an hour or two once a week to help our religious, educational, and recreative enterprises.

I am sure that many an earnest man at Guy's must look with sad heart upon the poverty, the ignorance, the dulness and the sin which surround him, and must wish that something should be done to improve things. I am equally sure that such men will look back with peculiar satisfaction to their career at the Hospital if they remember that they did what they could to lighten the temptations and to improve the chances of those among whom for a time they lived. To such men I appeal. I shall be ready to offer them unsectarian work of whatever sort they may feel would best suit their powers. Applications to become residents (which should be made at once), or offers of service, will be gladly received by me until November 15th, at 69, Shooter's Hill Road, Blackheath, S.E., and after that at Farncombe Street, Bermondsey.—I am, Dear Sir, yours very truly,

J. SCOTT LIDGETT,
Warden of the Bermondsey Settlement.

Births.

DODD.—On September 1st, at Goldstone Villas, West Brighton, the wife of Arthur H. Dodd, L.R.C.P., M.R.C.S., of a daughter.

POLLARD.—On September 1st, at Midsomer Norton, Somerset, the wife of G. S. Pollard, L.R.C.P., M.R.C.S., of a son.

Marriages.

CORNISH—CORNISH.—On September 12th, 1891, at St. Stephen's, Uxbridge Road, W., by the Rev. James Longridge, Vicar of St. Clement's, City Road, Edward Cornish, M.R.C.S. Eng., L.R.C.P. Lond., of 8, Rosebank, Walthamstow, son of the late Edward William Cornish, of Marazion, Cornwall, and Exeter, to Fanny, daughter of the late William Cornish, of Marazion.

SPURRELL—PHILPOTT—September 16th, at Thwaite All Saints, by the Rev. W. H. Dix, Rector of Bramerton (uncle of the bridegroom), assisted by the Rev. E. Puckle, Rector of Alby, William Dewing Spurrell, M.R.C.S. Eng., L.R.C.P. Lond., of Church Crookham, Hants., second son of R. J. Spurrell, Esq., of Thurgarton Hall, Norfolk, to Ada Sophia Durnford, second daughter of the Rev. N. G. Philpott, of Thwaite All Saints.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

WITH SPECIAL SUPPLEMENT,

OCTOBER 10, 1891.

THE INJECTION OF SALINE SOLUTION: A REVIEW OF FOUR CASES.

In the *Lancet* of September 12th, a case was described by Mr. Arbuthnot Lane, in which the injection of salt and water as a treatment for severe hæmorrhage had been attended with the most remarkable success. Since the publication of this case, several others have been treated in like manner, and a short summary of these cases together with a description and a criticism of the treatment employed will not be out of place.

CASE I.

Lydia, 14. A delicate girl thirteen years of age, was operated on for cleft palate on September 2nd. She lost an unusual quantity of blood during the operation, and oozing from the cut surfaces continued after the operation but was controlled by ice. She became very much blanched, and her pulse rose to about 140, and was irregular and very weak. The bleeding appeared to have stopped when Mr. Lane saw her at 8 o'clock, but it began again at 11, and when Mr. Lane saw her twenty minutes later her pulse was too fast to count, and she was getting cold. He at once stopped the bleeding with sponges soaked in perchloride of iron and with Paquelin's cautery. The patient then seemed on the verge of death; she was white and cold, her pulse imperceptible and her breathing rapid and shallow. Later the pulsation of the heart could not be recognised, and respiration was hardly perceptible. Mr. Lane then cut down upon the basilic vein, freed it from its bed, and ligatured it. He next made a small slit in the vein with a scalpel above the ligature, and into it he thrust a blunt-pointed cannula previously filled with a solution of salt and water, ʒi. to the pint, at a temperature of about 100° F. Attached to the cannula was a piece of rubber tubing, into the other end of which was thrust the nozzle of an ordinary brass syringe completely filled with the solution. In this way the entrance of air into the vein was effectually avoided. The solution was then injected into the vein; when the syringe was nearly emptied the rubber tube was clamped near the nozzle of the syringe with a pair of Spencer Well's forceps, and the small piece of tubing from the forceps to the end was carefully filled with the solution before the nozzle of the syringe was again inserted.

In this way about 3½ pints of the solution were injected.

The first pint made very little difference, but at the end of the second pint the pulse was larger, more regular than it had been since the operation, and easily counted at about 160. At the close of the injection, which had occupied about 1½ hours, the pulse was 75 to 80, full and regular; the body was warm and moist with perspiration, the cheeks were plump and rosy.

The patient was wrapped in cotton wool and put to bed.

She passed a good night, and her pulse never rose above 90.

On October 3rd she left the Hospital well. She had been taking iron, and appeared to be in better health than when she came in. Her pulse never rose above 100° nor her temperature above 100·4° F. after the operation.

Her urine on admission was normal. On the day after the injection it was normal. On the second day after, it contained a trace of hæmoglobin, and had a specific gravity of 1,034. The next day it had again become normal, and continued so until she left the Hospital.

CASE II.

Job, 23. A boy of seven, who was operated on for a very large hygroma of the peritoneum on September 14th.

The patient seemed much collapsed and blanched after the operation, and his pulse was 160, soft and easily compressible.

Twenty-three ounces of salt solution were injected into the basilic vein.

The result on the pulse was just as marked as in the preceding case. It became stronger, slower, and more regular.

15th. P. 130. Urine—no albumen, no hæmoglobin nor blood corpuscles.

17th. P. 100.

19th. P. 90.

October 2nd. Patient is well and able to run about the ward. The temperature has never risen above 100° since the operation.

CASE III.

Lydia, 12. A girl of seventeen, admitted for pain and stiffness of the hip joint. On September 25th an incision was made over the joint, and the joint was opened and some thick pus evacuated. Her pulse was then 160.

At midnight the pulse was too quick to count, and was of very low tension. The respirations were quick and shallow, and the pupils dilated. There was a marked bruit heard over the pulmonary area. The patient seemed very anæmic, and her veins could hardly be seen through her skin.

Exactly the same procedure was adopted as in Cases I. and II.; the vein was much harder to find on account of the paleness of its coat. A glass syringe with a rounded nozzle was employed instead of a brass one, and it was previously boiled.

After 24 ounces had been injected the pulse was 140, and was fuller and more regular. After about 90 ounces the pulse was 130 and the temperature 102·4. During the injection the patient passed a quantity of water in the bed. At 2 a.m., shortly after the injection, she had a rigor, and her temperature rose to 105·8, but it was lowered to 104·2 by cold sponging for ten minutes.

Sept. 26. Pulse 120. Temperature 102·2.

Urine. No hæmoglobin, blood cells or pus. Specific gravity 1,020.

Blood. Hæmoglobinometer 38. Hæmocytometer 35 per square.

Oct. 2. The patient has had no sudden rise of temperature, her pulse has remained fuller, slower, and more regular, and the hip is going on well. The bruit heard over the pulmonary area has disappeared.

Case IV.

Accident 26. A man admitted for acute pain in the abdomen following injury. The symptoms all pointed to injury to the intestine or stomach, and Mr. Lane opened the peritoneal cavity in which he found a very large quantity of blood. The patient grew rapidly worse under chloroform, and in order to rally him sufficiently to continue the search for the seat of the injury, the basilic vein was exposed by Mr. Stevens, and *salt solution* injected to the amount of five pints.

The patient rallied, and the pulse became strong and full, and was timed at 80. The upper surface of the liver was found to be extensively lacerated, and the fissures were plugged with iodoform gauze.

The man rallied a little after the operation, and the pulse continued full and regular for half an hour, but it suddenly failed, and death quickly ensued.

In the first place it is evident that the injection of saline solution will be of use not only for severe hæmorrhage, where the actual quantity of circulating blood has been suddenly diminished, but also in cases where the blood pressure has fallen greatly as was the case in Nos. 2 and 3. It has been tried without success for Cholera, although the relief was temporarily marked, but this is no reason why it should not succeed in the diarrhœa of children, a malady more amenable to treatment than Cholera. Bunge also suggests its application to cases of severe scalds or burns, in which a quantity of serum is quickly poured out on the blistered surfaces. It is doubtful, however, whether the speed of absorption of fluid along the intestinal tract is not sufficient to supply the deficiency of fluid in these cases. It is also doubtful whether it should be applied to cases such as No. 4, for a salt solution would necessarily hinder coagulation, and therefore its injection should not be employed in any cases in which the hæmorrhage cannot have been effectually stopped beforehand. This argument would also hold good in cases of uterine hæmorrhage, in which the uterus remains soft and flabby even when the bleeding has ceased. It recommends itself most clearly to everyone however in cases like No. 1 or No. 3.

It is a simple operation and requires the simplest possible instruments. A glass syringe with a rounded nozzle, and a piston made with asbestos so as to render it capable of being sterilised, a piece of rubber tubing and a blunt pointed cannula is all that is required.

If the basilic vein is hard to find, it would be easy to dissect down on to one of the subjacent brachial veins.

The action of the salt solution is obvious by its clinical effect. It gives the heart a larger bulk of fluid to contract on, and so raises the blood pressure. The very fact that in case 3 the red blood corpuscles counted by means of the hæmocytometer numbered 35 per square m. m. shows the rapidity with which these corpuscles must have been thrown into the circulation, and the record of the urine in the various cases shows the unirritating effect of the solution upon the blood and kidneys.

There will of course be the objection raised that cases just as near death have recovered with other means of treatment such as the injection of turpentine, lowering the head, etc. But everyone who saw the first case I have

mentioned, will agree with me that no treatment already employed could have been of avail. The operation, too, is a very simple one if conducted thoroughly antiseptically, and the risk of thrombosis and attendant ills is reduced to a minimum. It is to be hoped that the infusion of salt solution will be adopted by old Guy's men, and the GAZETTE will be most happy to record any cases so treated, for it is a treatment which, if not the most important one adopted in recent years, will certainly entirely minimise the risks attendant on excessive bleeding, and will verify the prophesy of our brilliant and much lamented physician, Dr. Wooldridge, that no one ought ever to die of hæmorrhage.

G. MACKESON.

OF RECENTLY RUPTURED PATELLA.

In discussing the treatment of the patella fractured by indirect violence, most of our leading surgery books are distinctly averse to recommending operative interference. They advise that the leg be kept straight with a splint for at least six months after the accident, and after this treatment the result is "rarely, if ever, bony union"; moreover, the fibrous band which unites the fragments is stated to be continually stretching, so that at length the two portions may be even five or six inches apart, a condition which cannot but interfere with the mechanical arrangement of muscles, etc., which is adapted for a normal patella (*vide* old cases in the flesh).

Will any one deny that the object of treatment should be to endeavour to restore the limb to its original condition, a condition which is not arrived at by a stretchable ligamentous union.

In cases which have been operated on, it has been shewn that the reason of the fibrous union is that an aponeurotic expansion of the quadriceps intervenes between the two fractured bony surfaces; in order, therefore, to obtain bony union between the fragments, this fibrous material must be removed.

We learn that after restoring parts to their natural position, the next point in treating fractures is to keep them fixed in this position. It has already been said that not one of the legion of apparatus that has been designed, fulfils the purpose of restoring the fragments to their natural position completely, owing to the presence of the fibrous layer, and we can now go further and say that none give more perfect rest (some not nearly so complete), than does the method of wiring or suturing the broken fragments together.

Operative treatment culminating in wiring the offending parts together presents these two advantages, (1) giving the leg the chance of being *in statu quo* when recovered; and (2), hastening union by close and fixed approximation; the result being a more speedy, and therefore alone, more satisfactory return to the normal use of the leg.

In the present day when how to maintain asepsis is not unknown to the initiated, the old objection to operative treatment can no longer be classed as an objection, if the words of Sir Joseph Lister, quoted by Mr. Jacobson, be taken to heart—"No man is justified in performing such an operation unless he can say with a clear conscience that he considers himself morally certain of avoiding the entrance of any septic mischief into the wound," and presumably it is to be understood that everyone, including occasionally the eager ward clerk with (?) septic hands, assisting at the operation should have his (or her) conscience in a similar condition.

H. E. D.

APPOINTMENTS.

PENFOLD, F. W. H., M.R.C.S., has been appointed Medical Officer for the Rainham Sanitary District of the Milton Union, *vice* H. Penfold, deceased.

SMART, WM. PECHEY, L.R.C.P. Lond., M.R.C.S. Eng., has been reappointed Medical Officer of Health for the Rural Sanitary District of the Hoxne Union.

WARD, J. A., M.R.C.S. Eng., L.S.A., has been appointed Assistant Medical Officer to St. Luke's Infirmary, Chelsea, *vice* Dr. S. L. Clift, resigned.

PRIVATE NURSING.

In considering the question of private nursing, it is necessary, in the first place, to enquire what training is requisite to enable a woman to become a thoroughly good private nurse. Is the training to be obtained in general hospitals sufficient for this purpose? Seeing that the hospitals are the only schools for nurses, in the same sense that they are the only schools for medical men, the answer to this question is, that a full course of training as conducted at a good general hospital—good from the point of view of the nursing obtained there—is a sufficient and, in fact, the only professional education to be relied on.

It is generally laid down by competent authorities that a course of training should extend over a period of not less than three years. For the first eighteen months or two years the nurse is looked upon as a probationer or apprentice, learning her duties and the way to perform them from the trained nurses under whom she works; and during this time she is not supposed to undertake anything on her own responsibility. After eighteen months or two years, as the case may be, she is placed in a responsible position as staff-nurse, but still under the supervision of a sister; and at the end of three years, if she is, as she should be, an intelligent and competent person, her training is complete, and she is in a position to take charge of a ward or of one or more private patients. There are, however, in London, and other large towns, many district nursing homes where so lengthened a course of training is not considered necessary. The nurses belonging to these establishments are doing very excellent work in attending to the sick poor who are not sufficiently ill to seek treatment in a hospital, or who, from various causes, are not able to obtain admission to one of these institutions. But the knowledge and experience gained in this branch of the profession can scarcely be looked upon as sufficient to entitle these nurses to the claim of being thoroughly trained for private work.

If "the powers that be" at the hospitals and institutions for trained nurses would not only recognise the fact that three years is necessary for the thorough training of nurses, but would also act upon it, they would do much to increase the efficacy of the nursing community, and to elevate the profession in the opinion of the public. Unfortunately the pernicious habit still obtains at even some of our best nursing institutions of sending out to private patients, nurses who are not by any means thoroughly trained, and even those who have only secured a few weeks' hospital experience. This procedure is, to begin with, very unfair to the nurses themselves; it is still more unfair to the patient and his friends, to say nothing of the breach of contract involved, and it does incalculable harm to the nursing interest as a whole. If nursing authorities do not show respect for their profession, how can they expect the public to hold it in high esteem?

Nursing is now in a state of evolution, and although during recent years the status and efficiency of nurses has advanced by rapid strides, the public unfortunately is not yet educated up to the point of appreciating their improved condition. Comparatively few persons know what to expect from a trained nurse who is to be introduced to their home, nor do they know how to treat her when she has arrived on the scene. As was remarked in our first article, the nurse is often looked upon as a servant, or a convenience, and not as a professionally trained woman who is to take entire charge of the patient and to be responsible for his treatment in the absence of the medical man, to whom alone she is answerable. Nurses themselves unfortunately can do but little to alter this state of affairs, save by gaining the good opinions of the patient and friends, which, be it remarked, they generally succeed in doing. How often may not a lady be heard to expatiate on the many good qualities of a trained nurse it has been her good fortune to engage! as if, forsooth, she had been brought in contact with an extraordinary exception to the general rule, instead of with an every-day example of an excellent and well-educated class. Medical men, however, are able and should be willing—although perhaps the busy practitioner has not time to give much thought to the matter—to do much in the way of obtaining for the nurse her rightful position in the household. Whenever a trained nurse is engaged for one of his patients, the medical man should give an outline to the friends of what her duties really are, and what authority he wishes her to exercise; he should also see that proper arrangements are made for her sleeping accommodation (in the case of acute disease, away from the patient's room), for her being served with her meals regularly, not in the sick room, and for enabling her to take out-door exercise every day. He will find it wise too to question the nurse herself in these matters, for many women are so zealous in looking after the welfare of their patients that they are apt to neglect the observance of hygiene in regard to themselves.

Patients' friends, too, are often extremely inconsiderate, presumably for want of a little thought, and this sort of thing not uncommonly occurs, to give a real example:—A nurse is sent for in a hurry and sets forth immediately, missing a meal that is just due. On arrival at the patient's house, she is thus accosted by one of the relations, "Oh! nurse, I'm so glad you have come, in case anything should happen, you know, but we have not yet told her that you are expected, and have settled that we had better not break it to her till to-morrow morning." And then, as sometimes happens, in the morning the nurse has the pleasure of hearing it "broken to her" from an adjoining room. The ensuing dialogue may or may not be edifying, but it will certainly prove anything but pleasing to the involuntary listener. A little timely advice from the medical man would prevent much of this inconvenience and annoyance.

Of far greater importance to the nurse, however, than these annoyances from friends of the patient, are the

strangeness and, perhaps, unpreparedness she will experience on undertaking her first private case, after being accustomed to nothing but hospital practice. Her position is comparable to that of the young medical man on leaving his Alma Mater and commencing his career as a private practitioner. The conditions under which the work has to be taken up are entirely new, and she is cut adrift from her old associations and environment. Here at once can be seen the necessity for her previous and prolonged training. Having held responsible posts, she is in a position to think and act for herself. It may be that, when commencing private work, a nurse is inclined to feel that she is bringing her hardly acquired knowledge, skill and experience to a very poor market; but this is not by any means the case, and she will probably find her new duties more taxing than those she would have assumed had she blossomed forth a Ward Sister. Now she is thrown entirely on her own resources, and has no other authority in her own sphere to appeal to, nor can she send for a House-Surgeon at a moment's notice, on the occurrence of the unforseen. The medical man will only put in an appearance once or twice a day, or at less frequent intervals, and she must then receive instructions from him, be prepared to furnish him with an accurate report of what has occurred since his last visit, and ask any questions that may seem expedient or necessary. Some nurses have a great objection to ask questions, even such as are really necessary to furnish them with guidance, and prefer to trust to their own knowledge or to luck; they should remember, however, that those who think they know most, are, as a rule, the most ignorant. On the other hand, some doctors have an equal objection to be "bothered with ridiculous questions" as they put it. But it is far better to ask and be snubbed, though it is to be hoped that this does not often occur, than not to ask and perhaps endanger the life of the patient. While at the Hospital a nurse carries on her duties under the directions, directly or indirectly, of the members of the visiting or resident staff, whose ways she is accustomed to and understands, and necessarily, the work there runs more or less in grooves; but in private she has to tend patients under the care of various doctors, whose methods and idiosyncrasies are entirely unknown to her, and these, perhaps, are liable to take it for granted that she will do everything exactly according to their own views, but no woman can possibly tell intuitively what these views may be, hence the importance of a complete understanding between the medical man and the nurse from the very commencement. It is mistaken policy on both sides to trust to getting accustomed to each other in the course of time, and it may prove extremely detrimental to the patient as well.

In private a nurse may have entire charge of a patient, or she may share the responsibility with a colleague, but if a relation should assist in the nursing the undivided responsibility rests with the trained nurse. Many chronic cases and those of the slighter bodily and mental ailments require the attention of only one nurse, and she will probably have very little actual nursing to do, nevertheless, presuming she is a *thorough* nurse, she will find no difficulty in fully employing her time, amusing and making herself useful to her patient. On the other hand, in all cases of fever and acute diseases two trained nurses should be employed, one to take charge during the day and the other during the night. Under these circumstances both nurses should, if possible, come from the same institution, as they will then work more smoothly together, each being accustomed to the other and her ways. If they be drawn from rival schools, and all schools are naturally more or less rivals, being but human, each will possibly be inclined to regard her own training as superior to that of her colleague and, as a result, each will look down more or less on the other, so that they cannot work in perfect accord, and the patient may suffer in consequence.

That additional knowledge, besides that gained in hospitals, is needful in private nursing is generally admitted; and this is quite true, but the additional knowledge can only be acquired by experience, and it is the part of the medical man in charge, no less than that of the nurse, to see that this experience is not obtained at the expense of the patient. The chief aids that a nurse has to rely on in accomplishing her new duties are her own intelligence, experience and tact, gained, altogether or partly, during her three years' training. And the most important part of character for her to be able to exhibit is an adaptability to circumstances, for she may be called upon to take charge of any description of case, from the most trivial to the most serious, and she will be constantly brought into close communication with all sorts and conditions of men and women.

H.S.

TWO CASES OF "ACUTE DELIRIOUS MANIA."

"Acute Delirious Mania," or "Acute Delirium," as it is better to call it, is a connecting link between cases occurring in a general hospital and those occurring in an asylum. On the one hand you have cases of typhoid fever and other fevers accompanied by delirium, and on the other, cases of ordinary acute mania, which approach the delirious type: and in both you have cases of delirium tremens, which are sometimes indistinguishable from examples of acute delirium.

One is conscious of delirium as being the result of the action of some very powerful poison on the brain, or in some cases rather the result of some general condition, as hyperpyrexia, but more frequently occurring in the course of some fever, or in delirium tremens, and it is generally lit up by some powerful cause, such as an accident, sudden grief, &c. In the same way, acute delirium generally has a very definite exciting cause: e.g., in the first of the two cases detailed here, there was a history of hard drinking for six or seven weeks before admission, and in the second there had just been an attack of left hemiplegia; thus differing very markedly

from acute mania, in which the exciting cause is generally very doubtful.

With regard to the differential diagnosis, one can easily conceive that typhoid fever might readily be mistaken for acute delirium: but the absence of any of the ordinary symptoms of typhoid, and the history, should prevent mistakes. The differential diagnosis from meningitis might also be difficult, but the absence of any optic neuritis, or local paralysis, or any local cause, and the age, should help. From delirium tremens, the absence of the "horrors" and of marked hallucinations of sight, especially of vermin, serve to distinguish it; but at the same time, there are many cases which cannot be so distinguished.

It is hardly worth while to detail the symptoms, because they are all well given in the ordinary text-books of insanity, and are fairly well illustrated by the two cases given below. (For further details see a paper by Dr. Percy Smith, in vol. xvi., St. Thomas's Hospital Reports.) But there are one or two points that are worth mentioning. The temperature in these two cases was normal throughout (in Case II. the temperature was 102·4 on admission, but was normal afterwards all through), and that is as often as not the case: on the other hand, the temperature may run up to 103° at night and 101° in the morning, and in fact follow no typical course. Again, the disease has no definite duration: patients sometimes pick up and recover completely in a very few days, or may go on for some weeks and yet recover. Again, the prognosis is very grave—one-third of all cases die. In the second of these cases little hope was entertained of his recovery; others become weak-minded; or it may be but the beginning of general paralysis.

The treatment is of great importance: generally they absolutely refuse to take food, owing to actual pain in swallowing; they generally require feeding with a stomach tube at least four times a day. Stimulants should be freely given. The first of these two did not require feeding with the tube, but the second was fed regularly for about a fortnight. Generally they sleep after artificial feeding, so that hypnotics are unnecessary. It is also of great importance that the patient should be put in a padded room, as, owing to the excessive restlessness, he would injure himself if put into an ordinary bed. It also does away with the necessity for any restraint, which is generally very obnoxious.

Case I.

S. W., 53, was admitted to Bethlem Hospital on May 8, 1891. There was no family history of importance. He had got into the way of drinking during the last three or four years, chiefly spirits It was found out after he had been in some time that he had been keeping a girl, and spending hundreds of pounds on her; so much so that his wife and family were impoverished.

For six or seven weeks before admission had been drinking hard, till he gradually lost all powers of perception and control. Sleepless and refused food.

On admission.—Brought in on a stretcher and was put in a padded room. He is very weak—is constantly muttering and talking to himself in a perfectly unintelligible way. He is very restless, and takes no notice of anything or anybody; is wet and dirty, and the catheter has had to be passed frequently. He has to be fed with a spoon. Tongue, dry and brown.

May 18. Has improved a great deal—talks rationally at times.

May 25. Gets up and walks about the gallery.

June 16. Was sent down to the Bethlem Convalescent Home, quite well in mind, but still very weak in body.

The temperature was normal all along.

Case II.

G. D., 68, was admitted on June 17. The family history contains nothing of interest. He is a buyer to a firm of wool merchants in the City, and has been a very energetic hard-working man all his life. He has been sober, but has lived freely. During the last two years has had two attacks of hemiplegia both on the left side; the second one shortly before admission (the exact date is not clear).

For six days before admission had been very exalted; buying toys and playing with them; saying that he was to be Lord Mayor.

On admission.—He is acutely delirious; has flushed cheeks, and a temperature of 102·4 (which, however, became normal next day and remained so till he was well). He is very restless and excited: has delusions of exaltation, offering the attendants large sums of money to leave him alone. He keeps on repeating "allow me to speak for five minutes," but says nothing more, if he is allowed to. He refuses food and is fed four times a day by the stomach tube, with milk, egg and brandy.

June 26. Takes food well now; still very incoherent and exalted.

Sept. 22. Has very slowly but steadily improved since the last note. He is still exalted—he thinks that he stands a very good chance of becoming Lord Mayor, even though he is 68. He was sent down to the Bethlem Convalescent Home to-day.

STRYCHNINE AS AN ANTIDOTE TO SNAKE-POISON.

In such countries as Australia and India where death from snake-bite is very common, there have, naturally, been many attempts to find an antidote so certain in its effects that persons might be bitten with impunity. Though many specifics have from time to time been declared by their discoverers the final solution of the difficulty, they have all after careful examination and experiment been proved useless. The need for a cure may be shown by stating the large number of deaths from snake poison that occur in India alone. A writer in the *Revue Scientifique* (1883) gives the number of deaths occurring annually as 20,000. Since 1870 from

150,000 to 200,000 have perished. In Australia the deaths are far less numerous because of the spare population, and the smaller number of deadly varieties of snakes.

An antidote discovered by Dr. Mueller, of Yackardandah, Victoria, has, during the past four years, been tried with marvellous success, and practically solves the question.

Dr. Mueller's theory of the action of snake-poison is that it acts on the motor and vaso centres chiefly, and that it is essentially a nerve and not a blood poison. This theory explains the symptoms of snake poison, as shown in Dr. Mueller's own words—"The injurious venom travels quickly to the nerve centres, affecting in rapid succession the anterior columns of the spinal cord, the vaso-centres and the brain, causing paresis and paralysis of the muscles of the lower extremities, accompanied by rapidly diminishing force of heart-action and blood-pressure, and in a very short time by sleep, which, in severe cases deepens into coma, the latter sometimes remaining till death, but more frequently passing off again, even in fatal cases. The usual mode of death is by syncope."

Taking this as the action of snake-poison, it is only natural to think of strychnine as an antidote when it is known to act in a reverse way. Dr. Mueller has proved that such an assumption is quite correct, and that strychnine will cure snake-bite even in the last stages.

Mueller's method is to inject liq. strych: directly the action of the poison becomes apparent. The quantity required varies with the gravity of the case and other causes. Frequent injections are advised until slight symptoms of strychnine poisoning supervene. The effects are very rapid in most cases. If paralysis is present it disappears and the patient is able to walk, and the frightful sensations which always accompany snake-poisoning are relieved.

It is necessary to watch the patient closely, even after this relief, as the danger is by no means over, since the strychnine is far more quickly decomposed and excreted than the snake-poison, which at once commences to act again. Dr. Mueller had an unpleasant experience of this in the first case he treated with strychnine. The patient was a lad of 15 in a state of coma, with dilated pupils, laboured respiration, rapid and feeble pulse. Twenty minims of liq. strych.: were injected and as in half an hour only a very slight change was noticed, another injection of 30 minims was given. The boy began to move, and on being shaken woke up and recognised those around. He regained control of his muscles and dressed himself. After chatting for two hours Dr. Mueller left him and the boy rode a mile to his own home. Early the next morning he died. The failure in this case is explained by the fact that the strychnine injections had not been continued till slight muscular twitchings appeared. The large quantity of liq. strych. given in half an hour was four times the quantity given in ordinary practice, and yet it was not sufficient to counteract the deadly venom. In all subsequent cases treated, Dr. Mueller has made it a rule to produce slight muscular twitchings, and never considers his patient safe till he sees them.

It is obvious that such large quantities of strychnine could not be injected into a person not suffering from snake-bite, but when the venom is in the system it is only after the strychnine has counteracted its effect that the patient begins to suffer from strychnine poisoning, and if there is large quantity of the venom a large quantity of strychnine may be safely given.

Every summer since 1887, when the discovery was published, numbers of cases of snake-bite in all the Colonies have been treated with striking success. The cases published during the summer months in the *Australasian Medical Gazette* show how many lives have been saved.

The previous orthodox treatment of snake-poisoning was the injection of ammonia and dosing with alcohol. Of course the sufferers themselves tried ligatures, excision, &c., before medical aid arrived. Ammonia and alcohol are only of use in stimulating the heart, and consequently were only successful when active measures such as excision, ligature, &c., had previously been tried. The government of New South Wales instructs the police officer of each district to furnish them with every case of authentic snake-bite, with its treatment and result.

Interesting sequelæ are sometimes noticed after apparent complete recovery, and these generally go to prove that the motor and vaso-motor nerve centres are chiefly attacked. Tetanus may appear some weeks after apparent cure, showing the re-action from a lower functional activity to a morbidly raised one. Cases of melancholia are also cited. Another case is recorded of a horse-breaker cured by the strychnine method, but left timid and weak and quite unable to follow his occupation. He was treated with strychnine pills (grs. 1/30), and quite regained his former fearlessness and strength.

The previous remarks apply principally to the treatment of the bite of Australian snakes. The poison of Indian snakes is also a nerve poison, and acts on the motor-nerve centres. The Australian poison appears to attack the whole motor nervous system, while the Indian concentrates its attack in the main on special nerve centres. For example, the cobra-de-capello poison devotes its attention to the respiratory centre, and to that of the glosso-pharyngeal nerve, and death is caused by asphyxia, not syncope. The Australian poison is far less deadly than the Indian. Dr. Mueller considers the poison of spiders only differs in degree from that of snakes.

Dr. Mueller was not the first to try strychnine as an antidote. Many scientists after experimenting with the drug gave it up as useless. A paper on the subject by Feoktistan, working under Professor Kobert, was published at St. Petersburg in 1888. He came to the conclusion strychnine was not a physiological antidote. Sir Joseph Fayrer, Professor Weir Mitchell, Mr. Vincent

Richards, &c., also experimented with strychnine. They do not appear to have considered the variable effect of the drug on different animals. Dogs were most used and must be considered unsuitable, and the experiments as a consequence unreliable, as the dog is thrown into tetanic convulsions if there is the slightest excess of strychnine, and dies in one of the fits from strychnine poisoning. Vincent Richards, the Indian authority, while not denying the effect of strychnine in cases of Australian snake-poisoning, upheld the view that viper poison is a blood poison and strychnine useless as an antidote for it. The incorrectness of this view may be seen when it is known that Feoktistan experimented solely with viper-poison and agreed that it was a nerve poison. The only Australian viper is the dreaded death-adder, but Dr. Mueller has never treated a case of its bite himself. Last summer, however, a number of cases of its bite cured by strychnine were published in the *Australian Medical Gazette*. Professor Kobert since his first paper appeared has admitted the value of strychnine in such poisoning.

Numbers of most interesting cases of snake-bite cured by strychnine might be given. Any one at all sceptical need only see the summer numbers of the Australasian Medical Gazette since 1887, to be quite convinced of the great value of the remedy Dr. Mueller has brought before the public.

ROBERT H. RITCHIE.

Sport.

RUGBY UNION FOOTBALL CLUB.

TRIAL MATCH.

The first trial match this season took place on Saturday, October 3rd, at Raynes Park, and unlike many other trial matches, resulted in a really good game. There were no less than 34 men playing, and the sides, which were captained by Shorland and Cooper, were distinguished by white and coloured jerseys. Of the game it is sufficient to say that it was fast and spirited, and plenty of good form was shown on each side, Shorland eventually winning by three tries to two tries. It is quite clear that the new rule regarding "dead ball" will tend to make the game faster than ever.

To turn to individual play, we are glad to see so many of last season's cup team on the field. Except that most of them were in bad condition, they played in good form. Sewell seems better than ever, and Bettington shows he can be a very dangerous "scoring three-quarter." Clarke uses his feet well, but must play with a great deal more dash. Cloud will not be of much use until he has trained down at least half-a-stone. The remnant of last season's team, after the many hard fights they had, should turn out a very sound and reliable nucleus for this year's fifteen.

We were glad to see Stewart Cresswell on the field again. Carpmael at half-back, and Coverton, Fry and Van Sommering at forward, all showed fair form, and the captain of the second fifteen, ought to have no difficulty in raising a very good team.

Of the fresh men, Hancock was conspicuous. His proper place in the field is half-back, but he will be invaluable wherever he is placed. On Saturday he played centre three-quarter, and his punting, running, and the judicious way he fed his wing three-quarter were very fine. Bell and Dudgeon are both promising three-quarters; they both seem to understand tackling and kicking. Bell is undoubtedly fast, but missed one or two passes. Dudgeon, on the other hand, took his passes well, but seemed slow on his feet. However, it is early in the season to criticise, and one can hardly form a definite opinion as yet on a player's merits. Hicks played a fair game at half-back, and Booker played a plucky game opposite to him. Of the fresh forwards, Pike, the old Dulwich boy, played a hard game, his tackling on one or two occasions being particularly good. R. T. Brown is new to the game, but with a little education and a study of the rules, should turn out a very respectable forward.

Of old men who were not playing in the trials, we hear that J. J. E. Biggs is available again; Jones, Ensor and Slater were all playing for Richmond. Jones should be an excellent half-back this year; his only fault appears to be that he does not pass sufficiently to his three-quarters. Ensor was not a success at three-quarter last year, but we shall be very sorry if he loses his place in the team. Slater can play forward or three-quarter, and should be a most useful man.

There are still several fresh men who have not yet been tried, and we hope that any who are still unknown will speedily give in their names to the Captain or Secretary.

A TRANSLATION.

We have received the following lines from Dr. Wilks—a translation of a poem on microbes which appeared in the Gazette a short time ago. We have shown them to the Poet and shall print his acknowledgement to Dr. Wilks in our next issue:—

Behold my globules red,
They never stir ahead
The microbes to expel.

But all my globules white
March forward with great might,
And put the foe pell mell.

Bravo! my phagocyte,
Who can like soldier fight—
Son of my mesoderm.

And thou, corpuscle pale,
Who in my blood dost sail,
Bacillus eats and germ.

If thou for food dost crave,
No longer dread I have
Of microbes of all stains.

Thou eatest easily
The crowds of bacilli,
And nothing hence remains.

S. W.

NOTICE.

The Editor regrets that, owing to the space taken up by the account of the opening meeting of the Physical Society, he has had to omit the mass of correspondence he has received during the past fortnight. It shall be inserted in the next issue.

Passim.

The opening meeting of the Physical Society was reported on all sides to have been a great success. The Committee of the Students' Club ought certainly to be congratulated on the dinner which was the best ever yet provided in the Club.

A propos of the Hon. President's address, it might be as well to remind those who were not present of what Dr. Wilks said about smoking in the colonnade. It is a habit which is growing apace, and probably springs from the non-existence of any room in which the men who are not dressers can finish their after lunch pipes and cigarettes, while waiting to go round with their respective Surgeons and Physicians. We do not mean to make this an excuse for their wrong doing, as they might easily finish their lunches a little earlier, and so smoke in the Club before coming over. We hope that next time our Consulting Physician walks through the colonnade, he will find that his advice has been acted on by all.

We take this opportunity of thanking Mr. Charters White most heartily for lending his lantern slides to the Presidents of the Physical Society for exhibition on Thursday last,

The next meeting of the Physical Society will take place on Saturday, October 17th, at eight o'clock, when Mr. Lister will read a paper upon:

"WOUND INFECTION AND ANTISEPTICS."

The newest antiseptic dressings, and the various instruments contrived with the view of diminishing the risk of infection from dirt and germs will be shewn after the paper. A very interesting discussion is expected, as several members of the society have already signified their intention of speaking.

We are glad to hear from the office that all the new comers, without exception, have subscribed to the Union.

In a letter from Mr. E. C. Kingsford, which we publish in this issue, an important suggestion is made as to the recording of statistics of anæsthetics administered by Guy's men. We shall be most happy to do as he has suggested, and to receive statistics from old Guy's men, and to tabulate and publish them.

We hear that Mr. Dixon has kindly consented to form an orchestra to accompany the glees and performances of the New Musical and Dramatic Society. All instrumentalists should communicate with him without delay.

We have received from the Secretary of the Cricket Club an account of the Summer Tour, and also a summary of the Cricket played during the season. We are compelled to leave it for insertion in our next issue on account of the large amount of MSS. already received.

The first Smoking Concert of the Winter Session will take place on Saturday, the 21st inst., at 8 o'clock.

A Meeting will be held at 8 o'clock on Monday, the 19th inst., in the Court Room, by kind permission of the Treasurer, to further the success of the Bermondsey Settlement, an account of which appeared in the Students' number of the Gazette. Professor Macalister and other well-known men will address the meeting.

The football prospects for this year look very promising indeed. We hope that there will be no unsatisfactory draws, but that Guy's will play the ties out and win the cup.

PASS LIST.

UNIVERSITY OF DURHAM.

M.D. Examination.

Keiffenheim, L. W. Lansdowne, R. G. P.

M.B. Honours.

Carr, Thos.

Pass List.

J. V. Blachford.

B.S. Examination.

J. V. Blachford.

Physical Society.

FIRST MEETING OF THE SESSION.

In accordance with a time-honoured custom at Guy's, the Physical Society issued its usual invitation to staff, students, and friends to be present on October the 1st, at its opening meeting of the session 1891-2.

At 6 o'clock the smoking room in the club was well filled with the guests who had taken tickets for the house dinner which was served shortly after half-past six, when more than one hundred persons sat down to do justice to the repast which awaited them. The chair was taken by Dr. Taylor, and he was supported by Dr. Wilks, Sir Henry Peek, Dr. Uhtoff and a large number of the members of the staff and of past and present Guy's men. The dinner was excellent, and was well and quickly served, and it will be difficult to improve on it in future years.

At eight o'clock everyone adjourned to the anatomical theatre, which was soon crowded, and recourse had to be made to the balcony in order to find room for late arrivals.

Dr. Wilks took the chair amidst prolonged cheering, and rose to deliver his opening address.

"It has been the custom for the honorary president to take the chair at the first meeting of the Physical Society and to make a few remarks to the new students on medical education in general and on the advantages of the Guy's School in particular. When I returned from my holiday I found a communication from the Editor of the Guy's Gazette asking me to write an address to you all in the Students' number of that journal. Some of you have, no doubt, read it, and those of you who have not, had better go and subscribe to it to-morrow. My remarks to-night, therefore, will be very few, and there will be more time for the reading of the paper, and for the discussion which follows it, and also for an exhibition of lantern slides which I hear is to take place in the chemical theatre, and which I mean to go to myself.

As regards the course of study you will pursue, you probably all know it by this time, and I need say little about it.

The Medical Council have suggested that, in future, a five years' course of study shall be required, and the examining boards have adopted the proposal. There is, however, much debate as to how the extra year shall be employed. The Medical Council suggest that it should be entirely given to practical matters. The Physiological Society have petitioned that it should be given to physiology; others ridicule this idea, and also assert that the science required by the University of London for its degree in medicine is quite unnecessary. This is not my idea at all; I think a man who wishes to take a University degree should know a good deal about physics and the allied subjects. Some have suggested that the year should be spent in learning mental philosophy, psychology, and insanity. Several members of the Medical Council are of opinion that the year should be devoted to the study of midwifery and diseases peculiar to women, and the debates on this idea have been most varied. Since the world has been, all quarrels and contentions have had a woman at the bottom of them, and perhaps the same applies to her ailments.

For my own part I think the time should be spent in learning the general diseases more thoroughly—diseases such as the exanthemata. At one time scarlet fever was taken into the Hospital; now this has very rightly been stopped, but the result is bad for the students.

In order to give students the opportunity of studying this class of diseases the Royal College of Physicians has obtained leave for them to enter the fever hospitals, and in the minutes of the last meeting of the Physical Society you will have heard read that I deplored the fact that Guy's men had not used this opportunity as they should. You have the Great Eastern Hospital within a few minutes' of you, and for a few pence you can see all you want to see.

Let all those who are now entering also remember that they have other things to do beside attending the various courses of lectures; they have to subscribe to the Gazette, to the Students' Club, and to this Society; they must all become good members of the Physical Society. I need not discuss its advantages, for they are patent to all. Medicine is a science and needs investigation, and you will find that the leading men at Guy's have been the best members of the Physical Society, and they are very proud of it.

I was only thinking while passing through the Hospital, that those in authority had no badge or mark by which to know them. They wouldn't like to wear a salvation coat, but, on the principle of *lucus a non lucendo*, a man without his hat is likely to be an H.S. or H.P., and in winter time the man who has no great coat or hat and walks about in slippers is very high indeed in authority. If there was a higher office still I have no doubt the holders thereof would appear like the god Apollo, clothed in a fig-leaf.

There was something I didn't like, and I know you will bear with me if I tell you what it is. I saw persons smoking about the Hospital. I don't mind you smoking here or in the rooms or college, but close to the wards where patients are lying ill, perhaps dying, it is certainly not right. I always find that those who are smoking there are not senior but first year's men, and I think the seniors will agree with me and will tell the juniors why smoking in such places is to be so much deprecated. I will now call upon Dr. Uhtoff to read his paper.

Mr. Chairman and Gentlemen,—It gives me very great pleasure to be here to-night, to be once again reading a paper before the Guy's Hospital Physical Society, a society in the prosperity of which every true and loyal Guy's student should take the liveliest interest. It is an additional pleasure to speak under the chairmanship of my friend and tutor, Dr. Wilks, whose name

brings back so many pleasant memories to all old Guy's men, and of whom we are all so proud.

My pleasure is not entirely unalloyed, for it is to some extent overclouded by the fact that on me in a great measure depends the success of the evening, and I am not at all sure of my power to make it a success. But I will do my utmost to show myself worthy of the honour your Presidents have conferred upon me in asking me to address your Society on such a special occasion as this. When I received the invitation from your distinguished secretary, Mr. Dunn, I can assure you I felt very sensible of the honour done me, and although I was doubtful of my ability to do justice to the requirements of the occasion, and its responsibilities weighed rather heavily on my mind, I could not help acceding to the request. I felt I must comply.

It is just eighteen years since I, as a first year's student, entered these walls, an eventful day looked forward to for weeks with the greatest anxiety, and never to be forgotten as long as I live. In those days the afternoon introductory lecture in the anatomical theatre was still the opening event, and that year it was delivered by that great thinker, Mr. James Hinton, aurist to the Hospital. Those lectures were always rather noisy performances, as might be expected under the circumstances, and I well remember that I was particularly cautioned by a second year's man not to walk into the theatre with my hat on, or the gods in the gallery would seize upon it and soon make short work of it. In these enlightened days I can perceive you are more discreet, and my hat would, I am sure, have been as safe in such a company as this, as in my own hall.

My immediate predecessors on a similar occasion, Mr. G. A. Wright, of Manchester, and Dr. Barrs, of Leeds, are old Guy's men who are already making their mark in the North, and who are likely in future years to meet with the highest success, and prove themselves worthy representatives of our good old School. North, South, East or West, Guy's men have always been to the fore, and on you it depends that in future years this position shall not be relinquished.

I have been asked to choose for this paper a subject of general medical interest rather than some special matter or case that might prove interesting only to the senior members of the Society. It always seems to me that such a general subject is far more difficult to find and discuss than a special one, and I am very much afraid that the title given to this paper may not be quite justified by its contents. In thinking the matter over it struck me that my remarks might be helpful to some and not altogether uninteresting, if I gave you some account of my own ideas as to what should guide you in the choice of your future career, and how you should attain success in it. Not that I have any good claim to give you advice on such deeply important points, but because every thinking man who has passed through a medical student's career and launched well out on life's struggle, who has thought over his own success or want of success, and has watched that of his competitors, must have had good opportunities of forming opinions on these points, and his opinions are of some value. I give you to-night some of the gleanings of my own experience, and you must take them for what they are worth. If at times I speak somewhat dogmatically I trust you will forgive me, and understand that I do not mean to be lecturing you, but only to be giving you the opinions which have formed themselves in my mind as the result of a comparatively short experience.

Gentlemen, it is not long since several of you have made one of the most important decisions in your lives, almost the most important, for has it not been the choice of the occupation that will probably engage the greater part of your time and energies till death parts you from it? You have chosen a hard life, the severity of which has become a byword. To the public a doctor is a hard-worked man who never has a moment to call his own, and so deep-rooted is this idea that if he takes the same amount of recreation as men in most other walks of life his ability is sure to be questioned. No profession is so much a personal one, so to speak, you must do all your work yourselves or, at any rate, by far the greater part of it; the more popular you are, the larger your practice grows, the greater the success that attends you, the harder you will have to work. Look at that successful business man; he works hard in his youth, it is true, but when his position is made he can begin to take his ease, to have a day or two 'off' each week, to do less and less as he grows older, while at the same time his income goes on increasing. The physician cannot do that; when he commences to give up his work it will conscientiously follow suit and begin to desert him; he cannot do less work and continue to receive the same or an even larger income. But, gentlemen, if you have chosen an arduous life and one which must continue to be so to the bitter end you will have, at the same time, many consolations and many triumphs; that is, if you look on your work in the true light, and not simply as a means of making a living or piling a fortune. The satisfaction of having saved another's life or raised him from a bed of misery to a state of perfect health will not be altogether smothered by the fact that he will probably be less grateful than you might expect. To have opportunities by the handful, as it were, of making fellow mortals happier by a sympathizing care or a cheering word does not come to the lot of men in any other sphere of life; though, alas, how often, especially in hospital work, do we forget the value of a kind word, and that almost everything we say is thought over and magnified to an incredible extent. The careless use of a word "cancer" or "cataract" has embittered the life of many a poor man or woman, if not altogether unnecessarily, at any rate many months sooner than need have been, for the anticipation of the horrors of such dread diseases is often harder to bear than their actual presence. And besides all this, is it nothing to belong to a profession whose every day business is to enquire into the mysterious working of the human body?

Probably, nay certainly, you all desire success in the profession you have chosen. You who are entering these

walls for the first time, to whom everything is novel and before whom every possibility seems to lie, and you who are well on in your student's career, or are perhaps just leaving it behind, you are all looking for success. Even those men desire it who make little or no effort to obtain it, who fritter away their days, their months, their years, as if there were an unlimited number at their command, as if, forsooth, at the end of six years they could begin another six with the same prospects and opportunities that they had before. They have a sort of idea that success will come to them, and that if it does not, at any rate it ought to.

Granted then that you all wish for success, how are you to obtain it? I believe that there is no one element so important as this, that you should set before you a goal, steadily work for it, and determine to attain it. I do not mean to say that every man reaches the point he determines to reach, but I am sure he will get very near it if with steady and undaunted perseverance through every difficulty he struggles towards it. Of course, a man must have good mental powers, and sound bodily health, *mens sana in corpore sano*, but he need not have such an exceptionally good brain, for I am not at all sure that most of us do not start far more nearly on a level with our competitors than we imagine, and that it is the perseverance and determination that tell most; not but that it requires a good brain and good nerve power to be determined and persevering. So let no man think that any position in the profession is too high for him to attain, that it is impossible for him to reach it. I do not say you will be wise to set your minds on the attainment of the highest position, that you must decide for yourselves; such success is long in coming and your disappointments and difficulties may be many and protracted; you must give up everything for it, nothing must stand in your way; but then when the success comes it will no doubt be worth having. If your goal is a less lofty one, you will reach it sooner, and your life may on the whole be a happier one. But at any rate, try and make up your mind what you do want and work steadily for it, and I think I am not wrong when I say that you will almost certainly obtain it or something very like it. But what constitutes success? A large and lucrative private practice and a good position professionally and socially, is sufficient to entitle you to call yourselves successful. In the eyes of the every day world of onlookers it is, but for yourselves there must be as well the knowledge of good honest work, of silent self-sacrifice, of others' sorrow made lighter by your efforts.

There may be said to be, roughly speaking, three courses open to each of you: to go into general practice, as no doubt most of you will: to aim at an exclusively scientific career, which is the choice of but few: or to qualify yourselves for purely consulting work either special or general in London or the provinces. Which will you choose? Ambition will decide for some, a true scientific spirit for others, while others again must be influenced more particularly by the state of their health, the amount of money at their command, or by other family or personal concerns which have a first call upon them.

Some such general considerations as the following, at which I have already hinted, will affect your choice. Those who take up general practice will sooner be able to settle in life, for they will make money and position more quickly, and there is less chance of disappointment, but, on the other hand, the best position they can attain is not an altogether enviable one, for if they are very successful they will certainly have more work to get through than they can satisfactorily accomplish, and to limit the amount is difficult, if not impossible. Excess of work has also the special disadvantage of interfering with thoroughness, for, of course, no man can do more than a certain amount of work well. Those who are willing to wait longer for their success, and have made up their minds to seek consulting practice, determining that no difficulties or disappointments shall stand in their way have before them the possibility of a far more satisfactory career. I feel sure that quite independently of his position in the profession or the money he is making, the successful consultant has a happier life than the man who succeeds in general practice, for his life is a more varied one, he is less tied, and, as he is more or less limited to one branch, he has the great satisfaction of being more thoroughly a master of it than it is possible for the general practitioner to be of the whole range of every kind of work that must necessarily be his. And this too must be remembered, the consultant or specialist may have his success in other ways than in the extent of his private practice, but, as a fact, unless the general practitioner has a good practice he is a failure, the number and quality of his patients are the only obvious measure of his success. To put the matter in a few words, it may be said that if you seek general work, your position can be fairly quickly and almost certainly made, whereas a consultant's success, though tardier in its advent and less certain in its attainment, is more worth having when it comes.

As I am myself chiefly engaged in general practice, I shall naturally speak more particularly to those who are intending to follow in the same way, and as such must form the majority of my audience, I trust I shall be pardoned for so doing.

You who have wisely entered at good old Guy's will have splendid opportunities for acquiring a thorough and practical knowledge of your profession. See that you take every advantage of them. A practical knowledge, I say, for after all, that is the kind of knowledge that will abide with you in after years; it is not what you have read up for examinations that you will remember, it is what you have learnt in the dissecting room, by the bedside, or in the post mortem room. But reading, aye hard reading, is necessary side by side with the practical work. Do not dissect without learning up carefully the whole of the anatomy of the part. Do not see a case in the wards or out-patients' room or a post mortem examination without as far as possible making yourselves

masters of what is written about the disease; the same with your chemistry and other subjects. This interweaving of your reading and practical work is the plan by which you will take the greatest advantage of the wonderful opportunities which lie at your feet. If you depend chiefly on reading, however well you may have read, you will soon forget a great portion of it, and, even if you remembered all, your knowledge would be of a most imperfect kind. On the other hand, if you attend to practical work only and dispense with books as much as possible you will miss a great deal that otherwise you would have observed, and there will be roughness, a want of finish, about your knowledge. These different methods of working are common enough —on the one hand one sees the man who thinks that everything depends on how many examinations he can pass, he is reading from morning to night and thinks he cannot spare the time to spend many hours in the dissecting room or wards; on the other, there is he who is always in the wards or out-patients' room, who goes round with nearly all the physicians and surgeons, who never misses an operation of importance, while his books are comparatively neglected. Neither does full justice to his opportunities, and I should advise those of you who have not passed your primary examinations to leave the wards and out-patient rooms alone, and concentrate all your energies on gaining a thorough and complete knowledge of the preliminary subjects. You cannot know your anatomy too well; your place is in the dissecting room and laboratory, not in the out-patients' room, where you will be doing yourselves little good, and be getting in the way of your seniors whose place is there.

Some men, on account of slender means or for some reason, are unable to spend longer at their hospital than is absolutely necessary for them to become qualified: that is most unfortunate for them. To those of you whose time is not thus curtailed, I would say by all possible means be a medical student as long as you can, a hard working student that is to say, not an idle cumberer of the ground, one of those extraordinary men who are not ashamed to face the college authorities time after time with the certain knowledge that their only hope of getting through their examination depends on the possibility of a combination of lucky chances. You who are going into general practice will never after you once commence it have the same chances of acquiring knowledge that you have now as students. You will have plenty of practice of another kind, and you will learn much, but you will never have the same invaluable opportunities. It is therefore that I say, take the greatest advantage of them now; let not a day be wasted, and be sure you endeavour to acquire a sound knowledge of every branch of your profession. When you have held all the higher appointments here, and every man who wishes good success should make up his mind that he will hold them all, then make yourselves competent in the special branches. Serve your time in the eye, ear and throat departments, and more particularly I should advise you to take an appointment at a children's hospital. You cannot be said to be really ready for all the possible emergencies of general practice unless you are intimately acquainted with the diseases of children and their treatment; you cannot have too much experience in this branch. Children's diseases are to a great extent of a special nature, and the man who knows how to handle these little people well, to quickly acquaint himself with what ails them, and to cure them *tuto, cito, et jucunde*, has acquired one of the most powerful levers to success in general practice. Therefore, be sure you learn all you can about children. Mental diseases, too, must claim your attention. You are certain to have to deal at some time or other with the insane, and unless you have seen some asylum practice, you will find yourself somewhat helpless. Book-learning and lectures alone will assist you comparatively little; you must have seen the practical side. Then it is important you should know how to prescribe, that is a knowledge which you will find will come to you in a great measure by practice, but you must be well grounded in the art, and it will be time well spent if you make a special study of drugs and the best methods of combining them, under the able tutorship of the Guy's Dispenser.

Now as regards examinations, what qualifications are most useful for general practice? I need hardly say that a long list of letters after your name will not ensure you success, or that, on the other hand you may succeed well with only the simplest qualification; but there is no doubt that the public are now far more alive to the value of the different diplomas than they were twenty years ago, and that the Medical Directory is constantly consulted by them. Therefore it is advisable as far as possible to secure the best degrees. Every man should determine to have either a good University degree or the Fellowship of the London College of Surgeons. I think that on the whole you will find that the former will prove the more useful in after life; but those of you who are able to secure both will be doing the best for yourselves. The London degree continues to hold the highest place in public esteem, but the man who has been to Oxford or Cambridge has secured other advantages which more than counterbalance any slight difference of that sort.

So much for work, but what about recreation? the one cannot flourish in a healthy state without the other; there must be the sound body if there is to be the healthy, well balanced mind. Many men read far too hard, they tire out their brains, and the result is their nerve power is impaired, and in ten or twelve hours they cannot do as much good work as they could in eight if they studied with better method. If you wish to work satisfactorily, if you want your brains to serve you well, you must before all things endeavour to keep your nerve tissue in a perfectly healthy state. Those of you who have determined to be successful, who have realised the enormous importance of taking the keenest advantage of the opportunities that lie in the path of your student life, must jealously care for your physical condition so that your brain power may be as excellent as possible.

If you work beyond your strength, if you go on reading when mind and body are tired out, you are simply wasting your time and your nerve forces.

I cannot very well give you exact directions as to how you are to preserve your physical condition, but I will tell you one or two things which seem to me important. Be very regular in your eating and sleeping; as far as possible let nothing interfere with your meals, and never read anything but the lightest literature when you are eating. Some men need more sleep than others, but whatever amount you allow yourself, be sure that it is enough to thoroughly refresh you, and again I say let it be regular. Then I am sure it is well to have a certain amount of thoroughly pleasant recreation and healthy out-of-door exercise each day rather than to give up one day or one afternoon in the week to severe physical exertion which is exhausting rather than refreshing.

If you have been working with method, if you have read steadily all through the Session, you will not be obliged to put on a spurt just before an examination. To work somewhat harder towards the end is, perhaps, reasonable enough; but, as far as I have seen, it is the rule even for men who are well up to prolong this finishing spurt to the very doors of the examination room, to cram in special facts and figures and tips up to the last available moment. Is it any wonder that after such treatment their brains should sometimes refuse to act as readily and clearly as could be wished? What should we think of an athlete who trained hard right up to the commencement of a race? And shall we treat our bodies more considerately than our brains? You have watched men after their final spurt at the finish up of a long-distance race; they are for a time utterly exhausted; are they then in a fit state to run another harder race at once? But such is by no means an overdrawn comparison with the condition of the brain of a man when he has crammed to the very last moment before an examination. What are the chances that you will be examined on what you have read in the last few minutes? And can there be any question that it must be the wisest plan to give your brain a rest of at least four-and-twenty hours, so that it may be refreshed and ready for action, that the knowledge you have stored up in its cells during months of steady work may quickly and without fail respond to your call.

Well, having thoroughly qualified yourself, you are about to start in practice, and the question is how you are to begin. If you had been wise, you will have made up your mind by the time you are thus qualified, where you intend to practice and the sort of practice you wish to have; you will not be waiting about for some chance to turn up, discovered perhaps in the advertisement pages of a medical journal. It is very usual to leave the future to what may turn up is this way, but I am sure it is not prudent, although, true enough, many men have thus fallen on their feet in pleasant places enough.

Whether you choose town or country practice will depend partly on your tastes, but you must remember that there is far less scope for work in the country and at the same time nearly as much competition. There are several ways in which a man may start. He may buy a practice or partnership, or join some friend or relative already in practice; he may choose a place and start there depending on the exertions of friends who have promised to help him; or he may obtain a resident hospital appointment in some town and make that a basis of his practice. A hospital appointment is a sure stepping-stone to successful practice when turned to account in the right way. The assistance of friends is not as a rule to be depended on; no doubt they are willing enough to help you and they will be able to do so materially when once you have made your name, but your first start must be your own; you must shew what stuff you are made of, and a hospital appointment gives you ample opportunity of doing this.

Lastly a few words as to the elements of success in medical practice. That a good knowledge of his profession is not alone sufficient to make a man successful is evident enough; most of us could point out men whose failure must be due to some other cause than want of ability or deficiency of knowledge. Your appearance and manner must be those of a gentleman, it is not difficult to understand that a patient should prefer a medical attendant with whom it is pleasant to come in contact. Be sympathetic, though not actively or oppressively so, let your patient feel that you are taking a real interest in his case, that you are carefully considering all he tells you, and while you encourage and cheer him as much as possible never make light of what he says in such a manner as to make him think you consider what he is telling you a foolish trifle. You must give him confidence, there must be no hesitation when you give your opinion; even if you have to say that you are unable to form a definite opinion, say so with decision. It is not sufficient to know your work, you must make your patient feel that you know it.

Examine every patient carefully, even when only a trifling ailment is complained of, do not run to conclusions and accept them without carefully putting them to the test. Although not unfrequently people will make some show of annoyance about undressing, they are in reality always pleased at being thoroughly examined, they are enthusiastic about the man who spends a long time over their case. I mention this, not because I should advise you to examine people just to satisfy their whims, but because it is really necessary to do so in order to avoid falling into grave error, and you are thus combining two objects, you are giving confidence to your patient and ensuring as far as possible a correct diagnosis. There are far more mistakes made by men in general practice from want of careful examination than from want of knowledge. It is not only because of greater experience that the consultant often "wipes the eye" of the usual medical attendant, it is, I think, more often because the latter has not with sufficient care examined his patient. And this, mind you, is no excuse, it is decidedly more culpable than want of knowledge. It is a fault we must

always, especially when pressed with work, be constantly waging war against.

I need hardly impress on you the importance of methodical business-like habits; as your practice increases you will have a large correspondence, and the only way in which you can carry it on satisfactorily is to clear it off day by day, and not allow unanswered letters to accumulate. The late Dr. Matthews Duncan, whose death has been such loss to the profession, was always accustomed to answer each day's letters before retiring to rest, and his correspondence, which must have been a very large one, was carried on by himself without secretary or shorthand clerk.

Lastly, in your dealings with your fellow medical men, be as careful to avoid taking offence as giving it. It is painful enough, and often ridiculous, to read the carefully stated grievances that are published week by week in the medical journals. In the majority of instances, a little gentlemanly forbearance would have avoided the misunderstanding.

And now, gentlemen, I must close, but I cannot do so without first wishing each one of you every success and happiness in the coming session. You are all, no doubt, anxious to be pushing on, to be starting in life, that is only human nature, the world could not go on were it not for that constant impetus which is ever driving us onward, "looking for and hastening on to" something which as yet we have not reached, but the time you spend here will be all too short, and in after life you will always look back to it as one of the happiest periods of your life.

Mr. Daldy proposed a vote of thanks to Dr. Uhtoff for the paper he had read. He said that they had rarely heard so interesting and so practical a paper; Dr. Uhtoff's presence there showed the sympathy and regard which all Guy's men had for their Alma Mater, and he hoped that those present would take to heart the many principles they had heard read, and would utilise them in their work, both here in the Hospital, and hereafter in their practice.

Mr. Hopkins, in the absence of Mr. Wakefield, seconded the vote of thanks. He said that the new comers could want no better evidence of the good work of the Physical Society than the paper to-night.

The vote of thanks was carried amidst much applause, and Dr. Uhtoff said, that though he had had hard work to prepare the paper, he had been well rewarded by the way the meeting had received it.

Mr. Webber proposed a vote of thanks to the Treasurer and Governors of the Hospital, for the kindness and interest they always showed to the Physical Society. He alluded to the prize which the Treasurer annually gives, and said he hoped Mr. Lushington would be long spared to come to the meetings.

Mr. Mackeson, who seconded the proposal, said, they had especially to thank the Treasurer that night, for he had torn himself away from family festivities at Canterbury, in order to be present. He alluded to the friendly relations existing between the Medical Staff and Governors, and said that the latter were always ready to subscribe to the athletic sports or football clubs, and that some evinced a lively interest in the Physical Society itself. As Dr. Wilks had said—this Society was a great boon to Students, for it taught them how to put their thoughts into words, and the publicity given to the meetings by the Gazette, made the Student careful that what he said would do credit to him in print. The presence of the Medical Staff and Treasurer there to-night, tended to raise the Society from being a mere Students' Forum, to take its place amongst the other learned and Scientific Societies of London.

Mr. Lushington, in returning thanks, said how much he had enjoyed the paper they had heard. The reader of it had asked him before the meeting if the Hospital was still going on in the same old way. He had told him, yes; there was still the same old Treasurer, but with increasing experience and increasing desire to do what was necessary to keep the Hospital in its high state of efficiency. He assured the meeting that his sympathy and interest in the Society was unabated.

Mr. Kitching, in proposing a vote of thanks to Dr. Wilks, said that the very fact that after fifty years' mental and physical work Dr. Wilks still came to them and took the chair, ought to be in itself a stimulus for them to work their hardest. He felt sure that all would take to heart what their chairman had said, and would wish with him that he might be spared many times more to come and take the chair at their first and last meetings.

Mr. Sharp seconded the vote, and said he had still vividly impressed upon his mind the first night he ever came to the Hospital, and still remembered the words of advice which Dr. Wilks gave them on that occasion.

The vote of thanks was carried nem. con., and "For he's a jolly good fellow," resounded through the theatre.

Dr. Wilks replied, and the meeting then dissolved.

The chemical theatre was the next rendezvous, where a limelight lantern had been got ready, and a collection of histological and pathological slides, kindly lent by Mr. White, of Belgrave Square, were shown to a large audience.

The slides, which were photographed from microscopic sections of skin, bone, tooth, pacinian corpuscle, trichina in muscle, and many of pathological interest, as epithelioma, enchondroma, were very much appreciated. The Dental Students were especially enthusiastic over the sections of tooth, which they said were most life-like and instructive.

In the reading room of the Club, thanks to the energies of Messrs. Sharp and T. R. Taylor, a number of microscopes, lent by Messrs. Swift & Son, showed various specimens of bacteria, those of the anthrax bacillus, and of the pneumococcus, being especially beautiful. Messrs. Down Bros. had a large exhibit of instruments, and Messrs. Stanley of microscopical apparatus, mounting cabinets, etc. The drawings and paintings of cases prepared during the year by the artist of the Hospital called forth much admiration, and so did also the photographs, medical and general, exhibited by Messrs. Colclough, H. E. Durham, Hacquoil, Hovenden, and Mackeson. A little crowd also collected round Mr. G. Sichel's drawings and paintings, and many were the complimentary criticisms passed upon them.

With such amusements as these the time passed quickly, and the strokes of eleven reminded all that an enjoyable evening had come to an end.

Correspondence.

To the Editor of Guy's Hospital Gazette.

ANÆSTHETICS.

Sir,—The subject broached by Mr. Harsant in your issue of September 12th is a highly important one; and the suggestion made by Mr. Lansdown on September 26th very much to the point, and one that we may hope to see carried out; but it has occurred to me that the Gazette can render a really valuable service by collecting data on the subject of Anæsthetics on a much broader basis.

Many Guy's men already keep notes on all cases in which Anæsthetics have been administered by themselves, and there is no reason why we should not all do so, in fact, there are good reasons why we should. Now, if the Gazette would undertake to collect such notes, and would make an announcement to that effect, I have no doubt the idea would be speedily taken up. Your readers who have notes on say 100 or even 50 cases of Anæsthesia should be invited to send them, or an epitome of them, to the Gazette, and the Editor, for the time being, should see that these are arranged and tabulated, and when they may have accumulated to the number of five or ten thousand, statistics might with advantage be published in the paper and in the Hospital Reports.

It would be a matter for arrangement at the outset whether the notes of cases accepted should, or should not, be inclusive of those which have occurred within the walls of Guy's.—Yours, &c.

Surbiton, 3rd October 1891. E. C. KINGSFORD.

Birth.

ENSOR.—On August 2nd, at 34, Charles Street, Cardiff, the wife of Henry Collen Ensor, M.R.C.S., L.S.A., of a son.

Marriages.

WALLACE—WALSH.—On September 10th, 1891, at All Saints' Church, Worcester, by the Rev. F. C. Walsh, uncle of the bride, assisted by the Rev. B. Arthure, rector of the parish, the Rev. W. Allin, curate of The Lickey, Bromsgrove, and the Rev. S. Burn, curate of the parish, Richard Teale Wallace, M.R.C.S., L.R.C.P., of Eltham, Kent, only son of Dr. R. U. Wallace, of Cravenhurst, Stamford Hill, London, to Grace Roy, fourth daughter of T. W. Walsh, F.R.C.S., of Worcester.

BISSHOPP—TAYLOR.—On September 16th, 1891, at Harmondsworth Parish Church, by the Rev. I. C. Taylor, M.A., Vicar, brother of the bride, assisted by the Rev. G. F. Richardson, M.A., Vicar of Saxmundham, Francis Robert Bryant Bisshopp, M.A., M.B., B.C., King's College, Cambridge, of Belvidere, Lonsdale Gardens, Tunbridge Wells, younger son of James Bisshopp, Lic. Roy. Coll. Phys. London, M.R.C.S., of Buckingham House, Mount Ephraim, Tunbridge Wells, to Mary Emily Fanny, younger daughter of I. C. Taylor, Esq., of Norwood House, Norwood Green, Southall, Middlesex

SANDOE—JACKMAN.—On September 23rd, 1891, at Tamerton Foliot Church, by the Rev. E. Roberts, John Warden Sandoe, M.B., B.S., Durham, M.R.C.S., L.R.C.P., Lond., of Broadclyst, Devon, to Mary E. Jackman, eldest daughter of W. Jackson, Esq., of Plymouth and Berry.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

FOR DISPOSAL.—A Well-established Practice in a Provincial Town south-east of England. Receipts exceed £900. Appointments, £250. Easily worked. Good Introduction given. One and a half years' purchase required.—For further particulars, apply to Mr. Wells, Guy's.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

WANTED a doubly qualified man as Junior Assistant Medical Officer to Infirmary in London. Plenty of time for reading, and also Hospital twice a week. Salary at the rate of £50 per annum. All found. F., Medical Office, Guy's.

AN M.R.C.S., L.R.C.P. (Guy's), aged 36, married, wishes to meet with an Assistantship in good class practice near London, where there is a possible chance of succession in a few years. Experienced in private practice and has been H.S. at Guy's. Apply S., c/o Mr. Wells, Medical Office, Guy's.

FOR DISPOSAL.—A small nucleus in South-west of England. Suit quiet man with a taste for shooting, hunting, and general sport. Could be worked up to £600 or £800 a year in time. Apply W., c/o Mr. Wells, Guy's.

WANTED TO PURCHASE in West end of London, a nucleus or good-class Practice. Ten years experience in country Practice. Particulars to A., Medical Office, Guy's.

FOR TRANSFER.—A genuine country Practice in charming county. Receipts nearly £600. Price £800, with efficient introduction. R., c/o Mr. Wells, Guy's.

PROVINCIAL TOWN.—North-East of England. Nucleus for Disposal, price £250. Efficient introduction.—Address N., Medical Office, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1890 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

OCTOBER 24, 1891.

THE CLUBS' UNION.

We must congratulate our readers on two events of the very first importance to the Medical Students of Guy's Hospital, which have taken place since our last issue. The union of the Clubs and Societies has taken place, and the Governors and Medical Staff have agreed to the purchase of nine acres of freehold land within twenty minutes of the Hospital, to be used for a recreation ground for the students.

All that now remains to enable our clubs to go a-head and take the foremost position in London, as cricketers, footballers, tennis players, and athletes, is the hearty co-operation of every one interested in the welfare of the School. The Medical Staff have shown their interest and good intentions towards the scheme by furthering the purchase of the ground and promising an annual subsidy of £100 towards the funds of the Union. Many of the Governors have expressed their intention of becoming patrons of the Union and helping us with annual subscriptions. The first year's men, with hardly an exception, have paid their two guineas to become members of the Union, while several have paid the composition fee of eight guineas for life membership. But that which will determine whether the scheme is to be a moderate or a brilliant success is the attitude of the senior men towards it. By the rules of the Union, students who entered the Hospital before this October have the option of continuing to subscribe to a few only of the clubs, or of paying the annual subscription of two guineas to become members of them all. We most urgently invite them to take the latter course. In the next few weeks estimates will be invited and plans drawn up for converting the newly-acquired piece of meadow land into football fields and cricket grounds, and the amount of money that the promoters of the scheme can afford to extend to this work will largely depend upon the support that they feel they can rely upon from students in their second and later years. Our Students' Club is now well decorated with challenge cups, and the best way to keep these and get more, is for everybody to join the Union within the next fortnight, so that it may be possible for us to have the smoothest cricket pitch, the best football grounds, the fastest lawn-tennis courts, and the most comfortable pavilion and dressing rooms near London.

PULMONARY EMBOLISM.

The following case occurred among people of the lower class, so that only a very scanty history was obtainable.

Mrs. L., age about 40, had been separated from her husband for many years; no family; said to have been very healthy as a rule; had typhoid 18 years ago; never had rheumatic fever; was never pregnant. Had been ailing for a week; the commencement of the illness was ascribed to catching cold; two days ago seems to have had a rigor, but since then felt better. This morning, after having remained in bed for several days, she got up about 10 a.m., and while dressing herself was heard by those

below-stairs to scream. She was found sitting in the bed in great distress, clutching at her throat, and complaining of severe pain going right through the chest. I was then sent for, —for the first time—but on arriving ten minutes later, found the patient had been dead several minutes. An examination was positively refused at first, but when the alternative of a coroner's enquiry was pointed out, there was no further objection raised.

I was lucky enough to have the assistance of an experienced Pathologist from St. Mary's next day. There was a large mass of varicose veins just below the calf on the inner aspect of right leg, otherwise nothing abnormal was noticed externally, no scars nor bony irregularities. The body was fat, but not extremely so. The heart seemed perfectly normal, no degeneration of muscle nor disease of valves could be found; the left ventricle was contracted and empty; there was some post mortem clot in right side. Lungs were œdematous, and showed no signs of disease, but on opening the right pulmonary artery it was found to be completely blocked in three main divisions by a very firmly adherent, evidently ante-mortem clot. The varicose veins were exposed and partly dissected out, also the popliteal and the femoral vein on the same side, but nothing definite was found. There was a dense fibrous network among the varicose veins in which a clot might easily escape detection. It seemed hardly fair to go further, so the search was reluctantly given up. Of course the story is very incomplete, but it is at least some satisfaction to return pulmonary embolism as a cause of death instead of "Syncope." There is an old saying at the Hospital that a "good case" never comes alone. I may mention that shortly before leaving last year, I was sent for one night to the wards, and there saw a woman die in about half-an-hour with the classical symptoms of pulmonary embolism, which turned out to be the cause of death.

A CASE OF TETANUS.

George B., æt. 33, was admitted under Dr. Washbourn, on September 24th, 1891, into John Ward, for muscular spasms.

Patient is engaged in working at fresh sheep skins. His illness began one month ago. He was walking in the street, when he became giddy and "felt stiff all over." This passed off in a few minutes. During the next week he had several of these attacks, but continued his work. He then came to Dr. Washbourn's out-patient's complaining of suffering from "lock-jaw." On careful examination, however, nothing definite was found. There was no tonic muscular contraction, and he was not detained. Nothing more was seen of him till Sept. 24th, when he came up in a cab and was admitted.

On admission.—The following history was given by his wife. During the three weeks from the time he was first seen he had been in bed at home and treated by a doctor. He was first attacked by "paralysis of the jaw," and was unable to open his mouth, which was fixed in a sort of smile. This was accompanied by pain and stiffness in the back, the pain shooting down his legs. The attacks of spasm lasted about a quarter of an hour, and were followed by violent trembling. He continued in this condition until two days before admission, when he became much worse, and passed everything under him.

Condition on admission.—Face pale, perspiring freely; memory a little confused, but answers questions sensibly; lies on his back with his knees drawn up. Temperature 102·4, pulse 100, regular and full. Resp. 36, noisy and laboured. There is no permanent tonic contraction of any muscle; there are frequent muscular spasms. In the spasm the jaw is fixed, the corners of the mouth drawn outward, the abdominal muscles stiff and hard. The limbs are stiff, the fingers flexed into the palm, and remain in this position after the general spasm has passed off; they can be passively extended. The right hand, however, seems rather firmly fixed. The general spasm lasts a few seconds only, and is followed by complete relaxation of all the muscles. There is some aching of the back during the spasm, but not to any great extent. Patient complains of pain down his back, especially over the sacrum, in the muscles of the back of the neck, and occasionally down the limbs.

Knee-jerks present on both sides, not excessive. A linear healed wound was formed on the flexor surface of the third right finger. This was said to be caused by some chemicals. Optic discs normal.

Numerous scattered râles and rhonchi in the chest. Heart-sounds normal. Tongue moist and furred; on each side there are deep wounds caused by the patient having bitten his tongue in a spasm. Patient has no difficulty in swallowing, and took some bread and milk soon after admission. No abdominal distension or tenderness.

Fæces and urine not retained. Urine gives a thin ring of albumen with nitric acid.

At 6 p.m. temperature rose to 104°: spasms less frequent.

Patient was given Liq. Morph. Hypoderm. gr. $\frac{1}{8}$ and ordered:

℞ Ammon. Carb. gr. v.
Tr. Camph. Co. ʒs.s.
Aq. ad. ʒj 4 tis horis.

and antifebrin gr. v. 4 tis horis if temperature above 103·5.

Sept. 25th.—Patient restless and somewhat delirious; takes food well, however; complains of great pain in back. The spasms are less frequent; during a spasm the spinal muscles are found to be contracted and stiff, and the lumbar spine arched forward.

At 12 (noon), temperature 104°4., antifebrin gr. v. given.

At 2 p.m., temperature 105°.

At 4 p.m., temperature 105°2, given antifebrin gr. x.

At 6 p.m., temperature 105°, given Quin. Sulph. gr. xv.

At 7 p.m., temperature 104°1; pulse 144, soft and easily compressible, face becoming livid. Patient sinking down in the bed, breathing shallow, numerous râles in chest; ordered brandy.

At 10 p.m., temperature 106°6, pulse 104, feeble. Patient in a state of muttering delirium. Cold sponging being impossible on account of the spasms, an icebag was placed in each axilla, and one on each side of the neck, and in each groin. In half-an-hour temperature was 105°. Patient sat up in bed and called for his wife, whom he recognised. Given I. M. H. gr. $\frac{1}{4}$, 11 p.m., and brandy ʒss. o.h.

Sept. 26th.—At midnight temperature was 103°6.

Pulse 136, stronger. R. 28.

At 2 a.m., temperature 102·8, pulse 136.

At 3 a.m., the icebags were removed, as the limbs were cold and he was shivering.

At 4 a.m., temperature 103·4; at 6 a.m., temperature 105·8. Patient became restless, weaker, and died at 9.30 a.m. *Post-mortem* two hours after death. Brain and cord quite healthy to naked eye. Patchy broncho-pneumonia in both lungs; other viscera normal. No suppuration or other unhealthy appearance about the wound on the left hand. The motor areas of both sides of the brain were removed and examined microscopically by Dr. Pitt, as was also the spinal cord, but no definite pathological change was discovered.

Remarks.—The noteworthy features of this case were (1) the duration of the symptoms, (2) the value of cold applications in hyperpyrexia, as compared with antiseptic drugs, and (3) the somewhat anomalous character of the symptoms. At first there was little, if any, arching of the back, and the jaws were easily opened; in fact, the patient took food well for the first 24 hours. There were no facial spasms.

There was much more tenderness in the limbs than is usual in typical cases of tetanus; in fact, this symptom, coupled with the absence of trismus at first, the stiffness of the neck and the pyrexia, suggested the possibility of spinal meningitis. The symptoms at the early stage of the disease were slightly marked. H. W. W.

THE BERMONDSEY SETTLEMENT.

A meeting to explain the objects of the Settlement and the means proposed for carrying them out was held in the Court Room, on Monday evening, the 19th inst., at 8 p.m. Professor Alex. Macalister, of Cambridge, and the Rev. J. Scott Lidgett, who is to be the warden, were previously entertained at dinner by the Residents.

At the meeting the chair was taken by the Treasurer; Dr. Pitt, Dr. Steele, and the Chaplain were also present.

Rev. J. S. Lidgett, having been called upon by the chairman, said that Frederick Dennison Morris was one of the first who, as a religious teacher and worker, sought to ameliorate the condition of the working man by seeking closer personal contact with him. His efforts, though publicly unacknowledged, preceded by many years both Oxford House and Toynbee Hall. Barnett stirred up in Oxford an interest in the needs of the East End, and Settlements have now become the order of the day. The necessity for them is due to the flocking to populous centres of the very poorest from the agricultural districts, coupled with the exodus of the wealthy and well-educated. The poorest have to live the closest to their work; there thus comes about a physical separation of the classes, which is a national evil. An effort should, therefore, be made to bring about a common life and interest.

It has been said that Settlements are artificial, but they are only intended as the thin edge of the wedge in effecting a further intercourse between the rich and poor. As cheap transit renders more possible the exodus of the poor, so improved sanitation renders life in crowded districts more attractive. The growing alienation of the rich and poor, and the separation of the rich from the world's bitter cry, deprives their lives of its more serious and larger aspects, so that it becomes one of selfish effort and indulgence. Those left behind have no organization to further the development of the higher life. Workers who are always dependent upon masters and foremen have little power of organization, but while the Settlements are not intended to render them dependent upon others, yet even one educated man may do much to organize social life and centres of co-operation of philanthropy of all kinds.

Where, too, religion is most needed there its force is the least, for in these crowded districts where poverty and sin abound should Christianity be set forth in its most aggressive and attractive spirit. Thus will the Settlements bring strength to those doing religious work, and the advantages of social character to the workers of all kinds, while they elevate the life of those around mentally, morally, and socially, and render them better fitted to conduct their social and local affairs.

The Bermondsey Settlement has been started by the Wesleyan body to call men into common service—larger than mere church extension—to improve the condition of the people by the co-operation of all the churches. The district was chosen as being at the greatest distance

from any similar Institution. All the improvements in Toynbee Hall suggested by Mr. and Mrs. Barnett have been adopted. It will contain apartments for 20 residents, large gymnasium, hall for University extension lectures and choral meetings, a suite of class rooms, arrangements for women students, library, technical workshop and chemical laboratory.

Popular science lectures will be given at 1/- per session. A string band and choir will each meet once a week and give popular concerts from time to time. The hall will also be used by trade and benefit societies, whose only place of meeting at present is the public house. On Sundays there will be an early devotional meeting, rooms provided for quiet reading, and a social reception in the evening after service. Young mechanics and clerks will be helped by conversational classes to gain the South Kensington certificate. For this purpose men are invited to give an hour weekly to coaching them. Guy's Hospital men are neighbours to those who have "fallen among thieves," and are invited to act the part of the Good Samaritan. They are asked to assist by giving an hour a week to coaching students, holding ambulance classes, giving popular lectures, conducting a course of gymnastics, assisting at social receptions, musical evenings, or in any other way.

He would like a committee to be formed at Guy's to act in concert with the Settlement, and find men (who would be pledged to no sectarian principles) to help to give colour to the sordid lives around, to cultivate their higher interests, moral and intellectual, and thus brighten the life that now is and the hope of that to come (cheers).

Prof. Alex. Macalister (who was received with cheers), said his qualification for speaking on that occasion was his interest in Toynbee Hall and his being a fellow worker with Mr. Barnett. He asked what was the connection between Medical Students and a University Settlement. The licensing bodies now require men to be acquainted with six sciences, three arts, and a good deal that is neither art nor science. About 3,200 c. cent. of text books have to be swallowed, and 500 lectures attended. What can a medical student do? The terrible struggle for life masses men together in the great cities, as shewn by the last census. There they lead lives of daily toil, as grey and leaden as the atmosphere in which they live, and by the accident of their birth and surroundings are debarred from culture and happiness. University settlements, which are the outcome of Christian philanthropy, are no longer new and have been proved to be useful in various cities.

But why does any responsibility attach itself to medical students? Firstly, because the population is poor, and therefore we are able to be medical students. Who fill the wards?—the poor. Why do they suffer the inexperienced auscultator and run the risk of false passages through inexperienced catheterisation? Because they are poor and have no choice. They are thus the means of medical men learning their duties and profession, therefore let us pay them back by brightening and improving their lives.

Secondly, we need to know our fellow men more than any. Charcot and others have shewn the importance of knowing our fellow men,—how they may be made to act to suggestion, how it is possible to influence the minds of the weaker by mere force of mental power, or will power. We must know how to play upon the feelings and the mind: apart from this our pharmacopœia may prove useless. The mere feeling the pulse may be a power, and there are those who can make others feel better by their ministrations. Therefore, the best place to learn the springs of action of your fellow beings is in working men's clubs, &c. As a member of such a club, he (the speaker) had been able to gain an insight into the human nature, thoughts and motives of those who did not rank with the polished Vere de Vere. Therefore, to gain the power of influencing our fellow men, go to a Settlement. The third was a less selfish reason. We have knowledge which may be useful to those of the neighbourhood. They perish for lack of knowledge from infancy upwards. The elementary principles of physiology, or a small class for mothers, might do incalculable good. Biology and chemistry prove most interesting to those unacquainted with them. Any emotion of wonder or surprise is good for dull and grey lives, raising the tone of their mental condition.

Teaching others also has a reflex influence. University extension lecturers often fail because they shoot over people's heads: they are not understood, therefore their lectures are useless. Being asked questions leads to one's own ideas becoming clearer, and explaining things to an illiterate class will render one better able to lecture to examiners. Thus, then, there are three reasons for helping such a Settlement. But there is also another. Men have responsibilities. Cain's question, "Am I my brother's keeper," still appeals to us, and One came down to shew us how to discharge our duty to our brethren. He who commended the good Samaritan said also "Go and do thou likewise" (cheers).

Rev. J. S. Lidgett said that the Settlement would be opened in December or January, and hoped that men would then come down to the reception and see everything for themselves.

The Treasurer remarked that F. D. Maurice had been one of the Chaplains at Guy's, and that people flocked to hear him from far and near. He also suggested that men willing to assist in any way towards the success of the Settlement should send their names to the editor of the Gazette, so that they might be communicated with in due course.

Twenty men enrolled their names after the meeting as prepared to take an interest in the institution.

Votes of thanks to the speakers and chairman concluded the meeting.

Physical Society.

A meeting of this Society took place on Saturday last, at eight o'clock, when the chair was taken by Mr. Webber.

Mr. Lister read a paper on "Wound Infection and Antiseptics." The first part of the paper was devoted to a description of the various organisms which may infect wounds, and of the various means for their cultivation and detection. On the subject of antiseptic dressings Mr. Lister had very little to say, as he desired to investigate the properties of the many specimens sent him before finally committing himself to a statement of their efficacy. He spoke highly of Creolin as a non-irritant antiseptic, and said that a case of ulceration of the scrotum which had resisted iodoform for some time had rapidly healed on the application of the Creolin dusting powder.

Mr. Meadows Turner congratulated the reader on his paper, more especially that part for which he had thought an apology necessary—his necessarily inconclusive résumé of the results of the youngest of modern sciences, Bacteriology. He would confine his own remarks to Practical Antiseptics, in which much education was necessary when a dresser existed who would take an instrument from his case, dip it in an antiseptic solution for 5 seconds, and with self-satisfied promptitude present it to the surgeon, forgetting that 5 minutes was the shortest period which it had been thought by bacteriologists worth while to investigate the action of antiseptics in. At the same time he referred to Mr. Lawson Tait for proof of what could be done with mere cleanliness, and to operations on the face by Professor Humphrey for excellent results where no dressing was used, the living tissues being equal to preventing the development of organisms when the layer of discharge was thin. He wished to ask a question on the efficacy of iodoform, with regard to which he quoted an experiment in which tubercular caseous matter was inoculated, mixed with iodoform, into the aqueous humour of one eye of an animal and pure into the other, with the result that the former eye developed tubercles before the latter.

Mr. Rake professed to be unable to assimilate so much learning as was contained in the paper in so short a time. He wished to be informed on the method of development of parotid bubo in specific fevers and abdominal operations, and certain other conditions, and upon the results of the most recent experiments relating to suppuration without organisms. Were those in which a sterilized capsule of croton oil was broken under the skin, or a fomentation of carbolic acid in solution applied to the arm, produced pustules from which no cultivations could be prepared, to be considered final? Could a suture which was tied too tight cause suppuration?

Mr. Stevens said that in his experience cyanide dressings, even when moist, were in many cases severely irritant. He deprecated reliance on the sterilization of vaseline, which was subsequently exposed in a ward for weeks as an effectual bacterium trap. He was somewhat sceptical as to the existence of blue pus.

Mr. Henderson warned the Society against carbolic oil, and thought we had much to learn from German surgeons, who had complete suits of clothes, including goloshes, specially cleaned for operation days. The German operating theatres, too, were models we might copy, in which nothing but glass and metal was allowed for the construction of tables, cupboards, &c.

Mr. Wohlmann wished to lay the doubts raised by Mr. Stevens as to the existence of blue pus. The colour was not borrowed from the dressings. The Bacteriological Laboratory reported, on a specimen he had sent them, that it was caused not by organisms, but by certain highly retracting particles on the nature of which the report did not further commit itself. He would be very pleased if the spray was to be finally condemned on the ground that 1 in 40 carbolic was inefficient for the purpose. It was a nuisance which never would be missed by dressers.

Mr. Steele resented attacks on the spray, the sacred emblem of antiseptic surgery; he would sooner have attention turned in other directions. For instance, whilst spotless white flannel is *de rigueur* in the dissecting room, an old coat, fifteen years old in some cases, is tolerated in the operation theatre. He had seen a surgeon after preparing his hands for an operation, when told the patient was not ready, put his hands into his pockets and turn aside to talk to a visitor; he had seen a dresser try a carefully prepared No. 6 catheter, holding in readiness in case the 6 could not be passed, a No. 5 in his teeth. What should be said too of the way the dressings were sent up from the dispensary to the wards piled on an old barrow from which they were removed to the flags of the Colonnade to await further orders.

Mr. Pantin referred to the apparent success of internal administration of iodoform in phthisis (gr. v. t.d.s.) as practised by Dr. Pitt.

Mr. Durham said he had heard Sir Joseph Lister explain his practice of dipping cyanide dressings in carbolic (1 in 20) differently from the account given in the paper. He had said it was to render the dry dressings aseptic, for which purpose he had advocated 1 in 4,000, not 1 in 1,000 perchloride. Dressings were of three kinds, simple, aseptic, and antiseptic or germicidal. Among those of the second class, there was much to be said for oils; oils do not kill but they do prevent the multiplication of germs. He referred to a case of a very large carbuncle incised and dressed with oil and some eucalyptus which had done excellently. The use of carbolic oil in the surgery was more than justified by the results. Carron oil was equally efficient.

Mr. Mackeson wished that the reader had devoted more time to an account of the rich display of antiseptic appliances which he had provided for the Society. He knew no more efficient deodorizer than creolin. Carbolic oil he objected to; a specimen from a country surgery

which had been in use for catheters, etc., he had found to contain bacteria of more than one species. With regard to the spray, he thought it was a grave objection that the carbolic made it impossible to keep one's hands clean; and again that it lowered the temperature of the patient. With regard to dressing coats, he had made interesting cultivations from the sleeve of one worn in the theatre.

Mr. Hogarth thought that possibly Mr. Lawson Tait's results were not all they seemed. He referred to the good Samaritan as evidence of the venerable antiquity of antiseptic surgery.

Mr. Bligh objected to antiseptic treatment on the ground that it seemed counter to the natural course of evolution. What was the *raison d'être* of bacteria unless they were regarded as an ordeal through which man was to pass unscathed only if worthy of survival.

Mr. Lister, in reply, said that iodoform had been subjected to experiments in Germany and America. In America it was found to be an irritant, but might have antiseptic uses through the liberation of iodine, but it had no power against tubercle. American surgeons would boil everything except the patient and the surgeon—and their hands were often turned brown with iodine. For himself he did not care what the surgeon wore so long as he was clothed in his right mind. Of the special antiseptic appliances on the table, he spoke more particularly in praise of Creolin and Wood Wool. With regard to the spray, Professor Koch said that five per cent. carbolic had absolutely no effect; and Sir Joseph Lister said that the only effect it could have was to disinfect the operator's hands, while it might cause currents of air laden with germs, and give a sense of security to the neglect of more essential precautions.

After the discussion, a fresh specimen of ruptured aneurysm was then shown by the Chairman, and the following exhibits were also on view, the lecture table being covered with a brilliant array of plated instruments, rainbow coloured dressings and antiseptics, and suspicious looking bottles and tubes from the Bacteriological Laboratory.

Dr. Washbourn kindly lent specimens of different methods of cultivation of the bacilli of anthrax and malignant œdema, and of Fränkel's pneumococcus.

The author of the paper showed bottles used in trapping micro-organisms in the air, containing growths from Naaman, Accident, and the P. M. room; also test-tube cultivations of bacteria obtained from Clinical (which included the staphylococcus pyogenes), and from Samaritan.

Mr. Collier showed a sample of Liq. Picis Carbonis, from the Dispensary, forming a perfect emulsion, with water.

The firms named below sent samples or exhibits of manufactures connected with antiseptic surgery.

Messrs. Down Bros.—The Cathcart Steam Sterilizer for Instruments, Mr. Down attending to explain its action. A metal case of instruments, as made for the Egyptian Government, which could be put bodily into the sterilizer; instruments in great variety made with a special view to simplicity of construction, freedom from any fine grooving, and capable of being easily and thoroughly cleansed; sterilized silks in a special form of packing in glass tubes.

Messrs. F. W. Berk & Co. (Ltd.), 1, Fenchurch Avenue, London, E.C.—"Lysol," a coal tar antiseptic, forming a practically clear solution in water. It is alkaline, and in a $\frac{1}{10}$ or $\frac{1}{30}$ solution acts as a mild soap, possessing marked antiseptic properties.

The Jeye's Sanitary Compounds Company (Ltd.), 43, Cannon Street, London, E.C.—Sample of Creolin, now guaranteed to be constant in composition. It forms an opaque, greyish-white emulsion in water, which can be rendered transparent by the addition of soft soap. The emulsion does not separate in the least on standing for 24 hours. Also samples of creolin 10 % surgical soap; creolin dusting powder (10 % creolin in boric acid—strongly antiseptic and non-irritant—less than one-fifth the price of iodoform), and creolin gauze.

Messrs. Johnson & Johnson (Ltd.), 1 & 2, Australian Avenue, London, E.C.—The "Linton" permanently moist antiseptic dressings, absorbing more readily than dry dressings. Their carbolic gauze is packed in air-tight tins, rolled on spools, so that any portion can be removed without disturbing the remainder. Every antiseptic dressing is put up by them in the same method. Absorbent cotton, rolled with tissue paper, to be applied like a bandage; lintine, combining the advantages of cotton and lint; moist antiseptic bandages.

Messrs. J. F. Macfarlane & Co., 71, Coleman Street, E.C.—Samples of the more important antiseptic dressings.

Messrs. J. Robertson & Co., 35A, George Street, Edinburgh.—Acidified perchloride pellets, in different colours, to form different strength solutions. Vaseline in collapsible tubes, prepared with eucalyptus, hydronaphthol, iodoform, perchloride, &c.

Messrs. Robinson & Co., Wheat Bridge Mills, Chesterfield.—The new "Wearne Clarke" dressing, the outer being impervious to liquids, but allowing free evaporation, the inner layer being very absorbent. Dr. Wearne Clarke is about to publish a paper on this dressing in the professional journals. The zinc sulphite, non-poisonous, non-irritant, antiseptic dressing, used with success at the Adelaide Hospital, Ireland.

The Sanitary Wood Wool Co. (Ltd.), 26, Thavie's Inn, London, E.C.—Samples of the very absorbent wood wool wadding and tissue, impregnated with perchloride; wood wool antiseptic sponges, vaccination shields, and gonorrhœa bags. The samples of wood wool shown were a great improvement on the old samples in the Dispensary.

Messrs. Seabury & Johnson, 46, Jewin Street, E.C.—Hydronaphthol (said to be as powerful as perchloride, but non-corrosive and non-poisonous); hydronaphthol cotton, gauze, lint, and pellets. This antiseptic forms a clear saturated solution in water, containing one part in 1100. This firm showed an assortment of excellently

prepared antiseptic and surgical plasters, absorbable drainage tubes of decalcified bone, dressings packed in folds in tins, those containing volatile antiseptics being in inner air tight waxed cases. Any portion of these gauzes can be removed without moving the rest; also ligatures prepared ready for use, bandages, &c.

Messrs. Southall Bros. & Barclay, Birmingham.—Antiseptic and absorbent pads, and gauze tissue. Tenax, a tarry material resembling carbolized tow, or oakum, but having no loose particles.

Messrs. J. Tucker & Co. (Ltd.), 51, Paddington Street, W.—Samples of eucalyptus pure oils, including the new citreodora, of a fragrant lemon scent; eucalyptus emulsion with iodoform, gauze, lint, cotton wool, vaseline in collapsible tubes, ointments with iodoform and iodol, soap, and ointments of the metallic oleates.

Messrs. G. & G. Stern, 62, Gray's Inn Road.—Samples of pumiline essence, and pumiline and lanoline ointment; a pleasant-smelling weak antiseptic.

Messrs. Whitaker & Donisthorpe, 12, Oak Lane, E.C. Sedox, a proposed substitute for cotton wool, said to be more absorbent and having much longer silky fibres. It is prepared from a bamboo-like grass, called "ramie." Prepared with perchloride, carbolic, and salicylic.

Some of the samples of the above antiseptics and "dressings" will be used in the wards, and an account of their properties will shortly be published in our columns.

THE PHYSICAL SOCIETY.

Meetings 8 to 9.30 P.M.

Saturday, October 31st. Clinical Evening.

Saturday, November 14th. W. Bligh.—"On the disappearance of air from cavities, real and potential, of the human body."

Saturday, November 28th. Debate.

Saturday, December 12th. E. T. E. Hamilton, B.Sc.—"Lardaceous Disease."

Saturday, January 9th, 1892. Clinical Evening.

Saturday, January 23rd. A. W. Sheen.—"Pineal Body."

Saturday, February 6th. Debate.

Saturday, February 20th. C. E. Salter.—"Transfusion."

Saturday, March 5th. Clinical Evening.

Saturday, March 19th. Treasurer's Prize Essay.

APPOINTMENTS.

Hosking, E., M.R.C.S., L.S.A., has been appointed Medical Officer for the Breadsall District of the Shardlow Union.

Massop, Arthur G., M.R.C.S., L.R.C.S., L.R.C.P., has been appointed Medical Officer of Health for the port of Newhaven.

Parkin, Alfred, M.S., M.D. Lond., F.R.C.S., has been appointed Senior Assistant Surgeon to the Children's Hospital, Hull.

A REPLY.

To Dr. S. W.

To run through an English edition,
By lines from a far-famed Physician,
Is a pleasure I cannot express.

Dear Editor, then, I'll trouble you
To thank for me Dr. S. W.
For contributing thus to the press.

Tell him, so great in Pathology,
It is with humble apology
That I say he will surely confess

It's I and no other, have brought him
To make a poetic post-mortem,
With a perfect degree of success.

A. DE SANG.

To S. W.

Famous pathologist,
Mighty neurologist,
World-wide renown,
Thine now in verity
Shall to posterity
Be handed down.

But we mistake thine aim
If this external fame
Kindle thy breast:
With such a fervid glow
As within Guy's to know
Thy name shall rest.

For its effulgence falls
On all within these walls
While they remain;
Then in that greater Guy's
Which doth from this arise
Shall live again.

Could men discern the cells
Wherein our spirit dwells,
There should they find
Stored in our frontal lobes,
Shielded from fell microbes,
Safely enshrined.

Words from that pregnant tongue
While on thy lips we hung,
In 'bated breath:
Ready to germinate,
Never to terminate,
Even in death.

Then ever beside us
With counsel to guide us
And wisdom give,
Seeing thy monument,
Growing and permanent,
Long may'st thou live.

LECTURE CALENDAR.—WINTER SESSION, 1891.

MONDAY.

	a.m.
Practical Physiology Class. 2nd Year ...	10.30
Practical Chemistry Class for Pre. Sci. & M.B.	10
Class for 2nd Conjoint (Anat.)	11
Physics	12
	p.m.
1st Fellowship Class (Phys.)	1.30
Physiology Lecture	1.45
Chemistry Class (Pre. Sci.)	2
Mental Diseases	2
Medicine	3
Practical Surgery Class	4
Metallurgy (Dental)	4
Operative Surgery	5

WEDNESDAY.

	a.m.
Anatomy	9
Biology Class	9.30
Practical Obstetrics	10.15
Biology Lecture	12
	p.m.
Clinical Surgery	1.30
1st Fellowship Class (Phys.)	1.30
Physiology Lecture	1.45
Medicine	3
Practical Surgery	4
Operative Surgery	
Dental Anatomy	4.30

FRIDAY.

	a.m.
Anatomy	9
Biology Class (Pre. Sci.)	9.30
Pathology Class	9.30
Practical Physiology	10.30
1st Fellowship Class (Anat.)	11
Biology Lecture	12
	p.m.
1st Fellowship Class (Phys.)	1.30
Surgery	1.30
Experimental Physics (Pre. Sci.)	2
Medicine	3
Operative Surgery	4
Dental Surgery	4.15

TUESDAY.

	a.m.
Surgical Class (Final Conjoint)	9
Anatomy	9
Pathology Class	9.30
Biology Class (Pre. Sci.)	9.30
Practical Physiology. 2nd Year	10.30
Chemistry	11
Practical Chemistry Class for Pre. Sci. & M.B.	12
1st Fellowship and M.B. Class (Anat.) ...	11
	p.m.
Surgery	3
Practical Surgery. 3rd Year	4
Operative Surgery	4

THURSDAY.

	a.m.
Surgical Class (Final Conjoint)	9
Anatomy	9
Pathology Class (Practical)	9.30
Chemistry	11
Class for Conjoint Exam. (Anat.)	11
Practical Medicine	12
Practical Chemistry Class for Pre. Sci. & M.B.	12
	p.m.
Surgery	3
Practical Surgery	4
Operative Surgery	5

SATURDAY.

	a.m.
Physiology Lecture	9.30
Pathology Class (Practical)	9.30
Chemistry	11
	p.m.
Clinical Medicine	1.30

Passim.

Applications are invited for the appointment of an Assistant Anæsthetist to Guy's Hospital, and should be sent to the Treasurer not later than October 31st. Particulars of the duties and remuneration of the appointment may be had on application at the Counting House.

The Medical Officership of Bright, rendered vacant by the resignation of Mr. G. B. Smith, has just been filled by the appointment of Mr. Charles Spurrell.

We regret to have to record the death of Mr. Michael Alexander Muirhead, M.R.C.S., Eng. 1883, L.R.C.P. Lond. 1884, who died at Hobart on the 17th July. The deceased gentleman arrived in Victoria in 1885, when he commenced practice at Castlemaine. The following year he left for Hobart, where he practised ever since. Formerly he was Resident Obstetric Physician and Ophthalmic Assistant at this Hospital, and also House Surgeon at the Seamen's Hospital, Greenwich.

Those of the Inter. M.B. Candidates who have "lived to fight again," will no doubt render a better account of themselves before "the enemy" in their next "engagement." With the prompt establishment of a new practical class in Organic Chemistry, the "defeated" have ceased to expend their energies in criticism, however just, and the use of words generally spelt with two letters and a dash, and have settled to work with enthusiasm. Next January Guy's men will feel quite comfortable and at home with Messrs. Filden and Armstrong. Doubtless there will be some capable of correcting the proof sheets of the former, and others smiling sweetly at the well-worn question of the latter, as the extent of one's acquaintance with *Practical* chemistry. It remains to be seen whether the recent enthusiastic demand for chemical knowledge will be satisfied to any extent, or whether the cry will still be *more!* At any rate we confidently expect as a result of this eminently, practical and useful class, a good list of honours in July.

Although late to do so, we heartily congratulate the winners of the Guy's Arts and Science Scholarships awarded at the beginning of this session. The names of the successful candidates will be found on another page. We may add, as an interesting fact, that three out of the five winners are Colonial men.

The entries this year amount to one hundred and seventy-three.

Full Medical Entries	...	91
Dental „	...	33
Preliminary Scientific	...	12
Special Entries ...	..	37

We congratulate Mr. D. S. Long, M.B., B.S., on his appointment as Assistant House Physician.

A meeting of the Dramatic and Musical Society was held on Friday last when the programme for the season was arranged.

We hope that those who promised help to the Bermondsey Settlement on Monday, the 19th, will remember their promise.

The meeting was well attended, and the speeches must have convinced everyone of the true merits of the scheme.

Professor Macalister and the Rev. J. S. Lidgett were entertained at dinner by the residents before the Meeting.

The foundations of the new fives courts are now being made.

Present or past students who are graduates or undergraduates of the London University and

who wish to join the Guy's Hospital London University Club, are requested to send their names to the hon. sec. Dr. Horrocks, on or before the 6th November. The new members then elected will be able to attend the annual dinner the following month.

We shall be pleased to receive the subscriptions towards a memorial of the late Dr. Wooldridge. We already have £6 in hand remaining from the amount subscribed for the students' wreath. We shall also be pleased to entertain any suggestions as to what form the memorial should take.

VOCES POPULI.

Scene—"The Rooms." Time 1.30 p.m.

Four men playing whist, one in a top-hat; some men lounging about, others reading the papers—D.T., B.M.J., etc., etc.

1st Player—Well, what about honours? I had one, my partner two.

2nd ditto (his opponent)—Well, I had two myself, so you must be wrong.

1st ditto—Well, my partner had ace and knave, so that——

An H. S.—Don't excite yourself over there, or we shall have to get the saline solution ready.

A scoffing H. P.—I suppose, now, you'll take in all cases of diarrhœa; great scope for transfusion in that line. Don't you think so? Ha! ha! ha!

1st Player—Well, I ought to have played the ace, but of course I didn't know, and then I was forced. If you had played your trump, etc., etc.

Voice from behind—I say, where did he get *that* from?

2nd ditto—Oh! he's been away for a holiday, I think on a yachting cruise. I think it improves him.

1st ditto—Well, I wouldn't be seen dead with it.

2nd ditto—Perhaps it's not worth while in your case, you would have to stay so long away; but it is quite the fashion now. You had better grow one.

An old Dresser—Don't you fellows keep beer here now?

2nd ditto—No. They are a straight-laced lot now, not like the good old time. The good old "poison" we used to have is not in fashion. The "Bobbies" don't bring in half the number of cases since it's gone.

Whist Player in the top-hat (throwing down his cards in a rage)—It's no good playing against cards. This luck is too ——— awful.

An H. S.—Well, it's no good you chaps trying to cadge cases. You're always at it. It's a beastly mean trick.

Another H. S.—You just shut up! You know that if any of the eye dressers were about I should not mind giving it up a little jot, but I've never had a case of ——

Voice from the window (as carriage hails in sight)—Here *He* comes!

[*Stampede to colonnade.*

B.

RECENT PUBLICATIONS.

Coombes' Pocket Epitome of the British Pharmacopœia. 32mo. (Bailliere), 1/-

Jones' Practical Manual of Diseases of Women and Uterine Therapeutics. 5th edition, post 8vo. (Bailliere), 10/6.

MacCormac's Surgical Operations, Part I. The Ligature of Arteries. 2nd edition, 8vo. (Smith & Elder), 6/-.

Muskett's Prescribing and Treatment in the Diseases of Infants and Children. 12mo. (Pentland), 6/-

Farquharson's Guide to Therapeutics. 5th edition, post 8vo. (Smith & Elder), 7/6.

Gould's New Medical Dictionary. 8vo. (Lewis), 12/6.

Power's Elements of Human Physiology. 4th edition, 12mo., enlarged (Cassell), 7/6.

Waller's Introduction to Human Physiology. 8vo. (Longman's), 18/-.

ENTRANCE SCHOLARSHIPS, AWARDED OCTOBER 1st, 1891.

IN ARTS.

Gerald Burton-Brown, of Cambridge, the winner of the 100 Guineas Scholarship, was educated at Charterhouse School.

Norman Lavers, the winner of the 50 Guineas Scholarship hails from Horton College, Tasmania.

IN SCIENCE.

Arthur George Butler, of Beckenham, educated at Dulwich College and Royal College of Science.

Peter Henry Haylett, of Kimberley, Cape Colony, educated at Cape Middle Class School and Guy's Pre. Sci. Class.

Hugh Milton Stewart, of Beckenham, educated at Christ's College, Cambridge.

These three candidates tied for the 1st Scholarship, and were awarded £61 5s. each.

Marriages.

PARKIN—BECKWORTH.—On October 8th, at Belle Vue Chapel, Leeds, Alfred Parkin, M.D., M.S. Lond., F.R.C.S., of Hull, to Florence Annie, eldest daughter of Wm. Beckworth, J.P., of Horham House, Headingly, Leeds.

SHILLINGFORD—WHITE.—On October 3rd, at the Church of St. Chrysostom, Peckham, Henry Bartlett Shillingford, Surgeon, of Park House, Rye Lane, S.E., second surviving son of Isaac Shillingford, Surgeon, to Augusta Mary, only surviving daughter of John White, of Peckham Rye.

Correspondence.

To the Editor of Guy's Hospital Gazette.

A MEMORIAL TO DR. WOOLDRIDGE.

Dear Sir,—I was reading the Coagulation of the Blood this evening, when the following reflection occurred to me. It is now more than two years since the late Dr. Wooldridge died, and (so far as I know) no memorial whatever of him exists within the walls of Guy's Hospital. Are we going to let the memory of this most extraordinary man quietly die out of our midst? Surely not. What could be more simple or appropriate than a plain brass tablet in the Physiological Laboratory; the place with which those of us students, who were fortunate enough to be his contemporaries, will ever associate his name?—Yours truly,

A. J. S.

HOT CLOTHS FOR HEADACHE.

Dear Sir,—It may be interesting to Mr. Kingsford to know that my routine treatment for headache is flannels wrung out of hot water and applied to the forehead. If this gives relief without completely curing the headache I then recommend a small poultice, which need not be renewed so frequently as hot moist flannel.

I first thought over and decided on this treatment eight or nine years ago, after hearing a friend, who had lost a child, say that ice-cold cloths were applied to the head, and these being ineffectual the scalp was blistered. This seemed a rapid jump from the Arctic to the Torrid regions.

I have tried it in the headaches of almost all kinds of fevers, and in the headaches of young children with threatened head symptoms with good results.

In the case of a child of my own, aged three years, suffering from scarlatina and restlessness, cloths dipped in warm water applied to the forehead soothed her. The feet were also sponged with warm water.

Recently I was called to a woman suffering from debility, severe headache being the most prominent symptom, for which cold vinegar cloths had been assiduously applied without any good result. The immediate application of hot flannels passed over the forehead gave almost instant relief.

During the late influenza epidemic I constantly applied hot moist cloths for relief of the headache, benefit was generally derived from them; in a few cases, which I think must have been mild, the headache was almost immediately cured. In a few others no relief was obtained. In many of these cases cold cloths had been applied.

I once used them with benefit on myself for the headache, occurring in the short attacks of ephemeral fevers of hot climates.

In addition, I sometimes apply hot moist cloths or a mustard plaster to the nape of the neck.

COLONIAL.

ANÆSTHETICS.

Sir,—I have noted with pleasure the interest which has recently been shewn in your columns in the subject of anæsthetics, more particularly the suggestion of Mr. Kingsford as to the compilation of statistics. This latter point is one upon which I have always taken every opportunity of insisting, and which I think is most desirable.

In my own note-books I have records of nearly four thousand consecutive administrations, about half of which are nitrous oxide; the books of the Dental Department would, I think, yield as many more, and with those received from Guy's men there would not, I think, be any difficulty in obtaining a number sufficiently large to yield valuable results.

I shall be very pleased to furnish you with an epitome of my notes when you are ready for them, or to do anything in my power to carry out Mr. Kingsford's suggestion.—Yours, &c.,

J. FREDK. W. SILK.

SMOKING IN THE COLONNADE.

Dear Mr. Editor,—I remember hearing some time ago that smoking in the Colonnade was always considered very bad form, and, in addition, it is somewhat unkind when one considers that many smokers in Accident and Corney must often long for a pipe, especially when they see others strolling up and down enjoying the forbidden luxury.

I thought many of us were so busy, that lunch was frequently eaten very hastily, or in the event of our not getting any, a pipe was somewhat of a substitute, or, at least, an addition to a scanty meal, and necessarily in the Colonnade, because there we have to wait.

I for one certainly hope that smoking in the Colonnade is a thing of the past, and would propose that the next offender be subjected by his fellows to some penalty. But, at the same time, I am most strongly of opinion that something should be done to prevent the appearance of the necessity of the nuisance by providing a means of announcing the arrival of the Staff in different parts of the Hospital, and for these reasons:—(1.) To allow men to eat their lunch quietly; (2.) to do away with the crowd, accompanying noise, and smoke, at the entrance; (3.) to remove the risk of illness involved in waiting in a cold draughty place, especially in winter; (4.) to save a tremendous amount of time at present wasted, and (5.) to make one opportunity the less for those who may be inclined to lounge about doing nothing.

If you, with your colleagues, would devise and bring into action such an alarum as I have suggested, another boon would be added to the many you have already conferred on Guy's men.—Yours, &c.,

O. P. Q.

Sport.

RUGBY FOOTBALL.

GUY'S v. DULWICH COLLEGE.

Our opening match, as usual, was played on October 10th, v. Dulwich College, and resulted in an easy win for us by 3 goals (1 dropped by Bettington), 4 tries (22 points) to nil. The ground was in such a wet condition that good football was next to impossible. The forwards, however, on one or two occasions used their feet to great advantage, particularly Cleveland, a freshman up from Clifton College.

Team.—H. W. Dudgeon (back), J. H. Bettington, W. I. Hancock, H. T. Bell (three-quarters), H. Cooper (captain), M. P. Jones (half), J. J. Biggs, E. T. Shorland, J. D. Thomas, W. H. Jewell, R. F. Clarke, F. Cloud, Q. Slater, A. J. Cleveland, and W. Pike (forwards).

2nd Match.

GUY'S v. LONDON WELSH.

This match was played on Saturday, October 17th, and ended in a victory for Guy's by 3 goals and 2 tries to nil.

Guy's were trying two new men, Covernton and Collins, and they both must be said to have justified their selection, though it will be hard to say whether they will both get their places permanently in the team, which this year will be a very difficult one to pick, in consequence of the amount of competition.

The Welsh kicked off, and, after a good return into touch at the half-way flag by Hancock, the home team began to press, and the ball was taken into the Hospital twenty-five, relief, however, was brought by good passing among the backs, Hancock and Bettington being conspicuous. Play then ruled fairly even for a short time and confined to the forwards, Guy's having a little the worst of it against their heavier opponents in the tight scrums, but being slightly superior to the latter in the loose, who, it may be said played one man short. A pass intended for Yorath was cleverly intercepted by Hancock, who running well and using his pace scored in a fairly easy position. Shorland took the kick and was unlucky in not scoring the major point, the ball striking the further post and coming back into play. The Welsh on kicking out were at once pressed, and after some more tight scrimmaging near the Welsh line, Jones managed to get through and scored near the touch line, Hancock's kick, a good one, fell under the bar. After changing ends, Guy's continued to press, and Jones getting a pass from Cooper scored again, this time behind the posts. Shorland's kick was successful, and put the issue of the game beyond the shadow of a doubt. Cleveland, using his feet well, took the ball down the touch line, and after a scrum or two Cooper got clean away, and feinting to pass to Bettington ran straight through and scored between the posts, Shorland converting. From now to the call of time Guy's continuously pressed and the ball seldom went into their quarters. Bettington got a pass from Cooper and running cleverly through planted the ball in good position. Nothing further happened till "No Side" was called with the game in the home territory, and Guy's came off winners by 3 goals and 2 tries or 19 points to nil.

The team this year will be, we think, a good one. We are much heavier than last year, and Hancock is an acquisition at centre. Three-quarters Cooper and Jones were good as usual, Jones especially so on Saturday. From a pack who, to a man, played hard it would be invidious to single out any individual. Of the new men Cleveland and Covernton were perhaps the best. The latter was well on the ball, and tackled resolutely; Cleveland uses his feet well, and was very useful on more than one occasion. Slater and Robinson both worked hard in the scrum, as also did the other new man, Collins. Of the backs, Bettington was good, and so was Bell, who has the making of a very good man indeed; the ball, it must be said, was in a very bad condition, and so he had not the same chances of distinguishing himself as he would have had under different and more favourable circumstances. He is very fast and tackles very determinedly though somewhat high; he should avoid running into the crowd as much as possible, and he might wait for his man a little more when going to tackle him than he does at present. Duffit did what was required of him at full back, he was nervous, and we were consequently not sorry to see him not pressed. Altogether the result was satisfactory.

The combination behind was distinctly good when the state of the ground and the ball come to be considered, and the forwards were well together, there is little to choose between any of them. They were, however, a little slow in letting the ball out of the back row, who, though frequently getting it, failed to let it out as cleanly and quickly as they might have done. Every one worked hard in the scrum, and did his best to get up well in the loose, which should be the object of every forward, and no doubt when some members of last year's team have succeeded in getting a little superfluous weight off, we may look forward to having a very fair pack indeed.

The prospect this year seems to us to be the best we have had since Fripp's year; there is no very conspicuous talent, it is true, but the team works well together, the men are very keen, and the difficulty which is experienced in selecting, and will be experienced in finally settling the team, is the best evidence of the general equality of the men. Some will, undoubtedly, have to stand out, as some did on Saturday, and it will be hard lines for them, as many of them, we might perhaps say all of them, justly deserve their places, and another year would probably have got them. On the whole, we congratulate the captain, Cooper, on his prospects for the year, but it is early to prophesy.

CRICKET.

FINAL CUP TIE.—GUY'S v. CHARING CROSS.

The Final was played at Richmond Athletic Ground on June 29th and 30th, and ended, after a most interesting match, in Guy's retaining the Cup for the year 1891.

Reid won the toss and went in on a good wicket. A splendid start was made, Reid and J. H. Bettington sending up 52 before the latter was bowled, trying to pull a ball. Shorland and Reid then added 20 more for the third wicket. Reid out; wickets fell fairly fast till Francis went in. He hit brilliantly, getting 24 out of 27 in fours. The score finally reached 192. It was a great surprise to Guy's supporters to find their men's bowling knocked about to the tune of 179. It was more than a surprise. Agnew's winnings of 51 was most creditable, but he certainly had considerable luck. In their second attempt Guy's did well to get 177 on a wearing wicket. Bettington, Tuck, and Shorland all played well. Charing Cross started their second innings full of confidence, and there seemed no reason why they should not knock up the 188 runs required, but they found our bowlers on their mettle, and eight wickets down for 23 looked fairly bad. The last two men played most pluckily, and but for them the result would have been an ignominious defeat. The brothers Bettington bowled in their best form, and shared the wickets equally. Score :—

GUY'S.

First Innings.		Second Innings.	
E. Reid, c and b Wright ...	37	b Russell	11
J. H. Bettington, b Wright	22	c Parry, Russell	47
R. B. Stamford, b Wright...	0	c Thomas, Russell ...	0
E. T. Shorland, b Young ...	48	b Lamphier	35
J. B. Bettington, c and b Wright	3	b Wright	15
S. G. Layman, b Wright ...	13	b Ashfield	0
C. J. Francis, b Young.....	27	l b w Ashfield	8
E. S. Tuck, not out	12	c Montgomerie	38
J. H. Joyce, c Escombe, Young	1	c and b Wright	6
C. R. Lucas, c Thomas, Young	0	c and b Wright	0
H. Hewitson, c Lamphier, Wright	13	Not out.....	2
Extras	16	Extras.....	15
Total	192	Total	177

CHARING CROSS.

First Innings.		Second Innings.	
C. S. Agnew, b Francis.....	51	c Joyce, J. H. Bettington	7
C. H. Russell, b Joyce	17	b J. B. Bettington ...	0
S. R. Wright, c Shorland, J. H. Bettington	2	b J. B. Bettington...	0
W. Escombe, c Layman, Joyce	9	b J. H. Bettington...	0
C. Lamphier, b J. B. Bettington	10	c Francis, J. H. Bettington	7
H. Thomas, b J. B. Bettington	24	c J. B. Bettington J. H. Bettington...	0
H. A. Forsythe, c and b Francis.....	0	b J. B. Bettington ...	6
W. W. Ashfield, b Francis	4	c and b J. B. Bettington	27
S. T. Young, l b w Reid ...	16	b J. B. Bettington ...	2
E. C. Montgomerie, c Hewitson, J. H. Bettington ...	14	c Tuck, J. H. Bettington	17
J. C. Parry, not out	6	Not out.....	27
Extras	26	Extras.....	11
Total	179	Total	104

BOWLING ANALYSIS.

FIRST INNINGS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	115	40	2
J. B. Bettington ...	130	43	2
J. H. Joyce	125	38	2
E. Reid...	25	11	1
C. J. Francis	55	19	3

SECOND INNINGS.

	Balls.	Runs.	Wickets.
J. H. Bettington ...	95	32	
J. B. Bettington ...	93	37	5
J. H. Joyce	15	13	0
S. G. Layman	15	11	0

GUY'S HOSPITAL TOUR.

It was a very hazardous and risky operation, the arranging of such a thing as a cricket tour—a step unheard of before in the history of Guy's Cricket Club—and the season of 1891 will be long remembered for this, *if for nothing else.* A series of five matches had been arranged, viz., Gloucester, Cardiff, Newport, Swansea, and Sir John Llewelyn's Eleven. I think these places were chosen more in the hope of being able to show the Welshmen that Guy's are quite as good, if not better (for it takes a lot of beating, does a Guy's Fifteen on Welsh soil), on the cricket field as wallowing in mud. Whatever the reason be, the result showed it was a most happy choice in every sense of the term. It is to be regretted that the whole contingent were not *bonâ fide* Guy's men, but unfortunately Joyce, Lucas, Tuck and Fagge found it quite impossible to turn up, so substitutes had to be found. A very hard try was made to run in some of our old cup players, but to no purpose, so we went afield—very much afield, since three good and true men were found with sufficient good sense to take up a good thing. All of them were Edinburgh University Australians, and real good fellows too, who, if not Guy's men, soon will be. Their names are M. L. Neylon, D. H. Beegling, and H. M. Crosby, so when they do come up they will not come as strangers.

It had been arranged that the team should meet at Paddington station on Tuesday, August 4, and catch

the 3 p.m. train to Gloucester, where our first match was to be played. Eight of us turned up—eight? I should rather say ten, since our old Rugby captain and secretary (J. J. E. Biggs and L. E. James) also came to bid us good luck and fine weather. Our captain was not at the starting post, but it was soon ascertained that he was to join us at Gloucester, whither he had gone before, to get some practice with a soft ball and tennis racket. We all thought it a very mean advantage to take, and we think so still. What had become of our two other men (Beegling and Crosby) no one knew. Great, therefore, was our relief, on arriving at Gloucester, to see them fighting manfully to reach our vicinity, through a crowd of porters, passengers and trucks. We put up at the "Ram," and the men were not long in settling themselves. We all know what that means. Wednesday broke, dark and cloudy, and there was some rain before breakfast—at least, so we were told. On arriving at the ground, we found the wicket in a terribly sodden state, and made up our minds for small scores. As will be seen, this was very much the case. They had their strongest team (which included J. F. Belcher, a man well known in Gloucester county cricket), and, on winning the toss, they went in to the bowling of the twin (?) brethren. They fared very badly, being all out for 60, which was better than anyone had ever hoped for. But when we were all out for 68, to the bowling of their pro. (Hughes), a reason was quickly found. The light was bad, the wicket was bad, we had had no practice, and so on. In the second innings Gloucester did much better, and declared with five wickets down for 84, leaving us with 76 runs to get, and one hour and a half to do it. In an hour there were six wickets down for 59, and things looked black indeed, with only four of the tail to go in, and so dark that the batsman was heard to swear that he couldn't see the bowler coming up to deliver the ball. But we were not beaten then. Francis, Stamford (who was in for half an hour for two runs) and Beegling played splendidly, and when stumps were drawn we wanted nine runs to get and three wickets to go down. On the whole our batting was a miserable display, with one exception, that being Francis. He played magnificently in both innings, getting more than half our score in each essay. We made much of our "wee baby" for the evening.

The same evening we left for Cardiff, putting up at the "Angel." The wicket prepared for us was a beauty, and when we won the toss, I think that none of us thought of anything less than 200, and what a show we made! All out for 100, to plain, straight bowling, on a good wicket. The reason was unanimous: "The Gloucester ground had put us off good wickets." However, our opponents were able to appreciate its worth, and carted our bowling about in a very lively manner, having eight wickets down for 167. So we were thoroughly beaten. Here we met an old Guy's man, Dr. Lewis, who was himself in the eleven fifteen years ago. Nothing could have exceeded his kindness and hospitality to us, and if there be one thing more than another we shall remember during the course of our tour, it will be Dr. Lewis' very great kindness and attention to us while staying at Cardiff.

The next morning we went to Newport, and found another good wicket, and a very strong team opposed to us. The team might almost be called Monmouthshire, with Mee—Mee, all cricketers will remember, as being the Notts fast bowler of a couple of seasons back. Reid won the toss and sent them in (in spite of the good wicket) to bat. It is a very curious fact that our men have always played better when they have to bat against runs, and this was another example of it. They were all out for 84, a miserable score on a good wicket. J. H. Bettington bowled extremely well. We passed their total with four wickets down, and after that came a "Guy's rot," and we know of nothing worse for a side. Stamford batted in very good form—never, in fact has he been seen to such advantage since playing for the Hospital. We found Mee's bowling terribly fast, and I think if we ever have to meet him again he will come out with a better average than he had in this match.

We reached Swansea the same night about 10 o'clock. Here we had to disband since we had all been very kindly asked to go and stay at different houses in the neighbourhood. It was very kind indeed of the Swansea people to put themselves out so much on our account, and I don't think that there was any one member of the team but did not wish the Swansea part of the programme to go on for another week. We beat Swansea after a tremendous finish. It was a very satisfactory win, as we thought there was a certain amount of revenge to be had out of it, after our football reverses there. Reid went nearly through the innings and was then given out, when he was distinctly not out. Ben had a bad five minutes after the match.

Our final match was with Sir John Llewelyn's eleven out at his beautiful place Penllerare, about six miles out of Swansea. Sir John was kindness itself, and it almost seemed like ingratitude to win when he was so keen to beat us. However, he very kindly asked us to come next season and play his team, when we may have to sing a different tune. The finish was very close; on a wicket quite spoilt by rain. Reid again saved us; playing a splendid innings. What, indeed, should we do without our captain? No better praise can be offered him than to say that without his generalship and skill our card would show a very different result to the brilliant one now published.

The tour was over, and we were all sorry. We had a challenge to play tennis, which was formally accepted, but unfortunately Jupiter Pluvius intervened, and we left with our skill as tennis players unquestioned. So ended the first (and let us hope not the last by many) tour ever undertaken by Guy's Cricket Club. It was the greatest success in every way, and I am sure there was not a man amongst us who was not sorry when the end came.

The full scores are appended together with the batting and bowling averages for the season. E. Reid has won the bat and J. H. Bettington the ball, thus repeating last season's performances.

GUY'S CRICKET CLUB.

Matches Played 22. Won 17. Lost 5.

Batting Averages.

	No. of Innings.	Not out.	Highest Score in Innings.	Aggregate.	Average.
E. Reid...	22	0	75	553	25·13
E. S. Tuck	17	8	38*	211	23·44
J. H. Bettington ...	26	1	72	431	17·24
E. T. Shorland ...	24	1	67*	384	16·7
C. J. Francis ...	24	1	47	354	15·38
S. G. Layman ...	25	1	69	337	14·0
R. B. Stamford ...	25	2	30	207	9·0
J. H. Joyce	19	1	31	162	9·0
C. R. Lucas... ...	17	2	30	115	7·66
J. B. Bettington ...	25	1	43	175	7·37
H. H. Hewitson ...	20	7	13	79	6·08
C. H. Fagge... ...	14	5	20	57	5·7

* Signifies not out.

Bowling Averages.

	Balls Bowled.	No. of Runs.	Maidens.	Wickets.	Average.
J. H. Bettington...	2317	884	123	96	8·12
J. B. Bettington...	1761	687	107	75	9·16
J. H. Joyce	1019	404	48	39	10·35
C. J. Francis ...	476	243	22	23	10·56
E. Reid...	285	174	15	8	21·75
C. R. Lucas... ...	88	51	5	2	25·5
E. T. Shorland ...	130	76	1	1	76·0

GUY'S v. GLOUCESTER.

Gloucester.

First Innings.		Second Innings.	
C. F. Poole, b J. H. Betton	12	Not out	5
F. Ganby, b J. B. Bettington	9	c. J. B. Bettington, b Francis	20
G. F. Belcher, b J. H. Bettington	0	b J. H. Bettington...	0
H. James, c Stamford, b J. B. Bettington	4	b Francis	13
S. G. Manning, c Hewitson, b J. H. Bettington	1	Did not bat.	
Hughes (Pro.), c Neylon, b J. B. Bettington	15	not out	5
C. S. Brewer, c Stamford, b J. H. Bettington	5	b Francis	15
E. P. Smith, b J. H. Bettington	0	b J. H. Bettington...	14
E. F. Stebling, b J. H. Bettington	0	Did not bat.	
H. G. Henery, c Layman, b J. B. Bettington	0		
M. Roberts, not out	3		
Sundries	11	Sundries	12
Total	60	Total	84

Guy's.

First Innings.		Second Innings.	
E. Reid, c Manning, b Hughes	13	b Gandy	3
C. J. Francis, run out	34	b Roberts	38
R. B. Stamford, l.b.w. Gandy	0	b Roberts	2
E. G. Shorland, b Hughes	2	c Smith, b Roberts...	2
J. H. Bettington, b Hughes	7	b Hughes	3
M. L. Neylon, b Tandy ...	1	not out	0
S. G. Layman, b Tandy ...	0	b Roberts	0
J. B. Bettington, not out...	1	l.b.w. Roberts	1
H. M. Crosby, b Hughes ...	5	Did not bat.	
H. Hewetson, b Hughes ...	3		
D. H. Beegling, c Bremer, b Hughes	0	not out	17
Byes	2	Byes	2
Total	68	Total	67

Bowling Analysis.

First Innings.

	Overs.	Mdns.	Runs.	Wickets.
J. H. Bettington ...	21	7	20	6
J. B. Bettington ...	20·2	8	29	4

Second Innings.

	Overs.	Mdns.	Runs.	Wickets.
J. H. Bettington ...	14	3	32	2
J. B. Bettington ...	5	1	16	0
C. J. Francis	10	1	22	3
S. G. Layman... ...	1	0	2	0

GUY'S v. CARDIFF.

Guy's.

E. Reid, l.b.w. Storer	0
J. H. Bettington, b Sweet-Escott	15
C. J. Francis, b Sweet-Escott	0
J. B. Bettington, b Biggs	25
E. T. Shorland, b Sweet-Escott	13
M. L. Neylon, b Storer	0
R. B. Stamford, b Biggs	12
S. G. Layman, b Jones	5
D. Beegling, b Biggs	0
H. M. Crosby, c Brain, b Sweet-Escott	18
H. Hewitson, not out	6
G. H. B. Yorath, c Brain, b Sweet-Escott	0
Byes	6
Total	100

Cardiff.

J. G. Clark, b J. B. Bettington	1
R. B. Sweet-Escott, retired	63
J. H. Brain, c Beegling, b J. H. Bettington	25
W. A. Morgan, b Yorath	44
A. H. Morris, not out	18
S. Biggs, b Francis	1
H. M. Ingledew, absent	0
F. M. Jones, b Francis	4
— Sweet-Escott, absent	0
— Foster, absent	0
R. Jones, run out	5
Storer (pro), run out	3
Byes	3
Total	167

BOWLING ANALYSIS.

	Overs.	Mdns.	Runs.	Wickets.
J. H. Bettington ...	14	3	46	1
J. B. Bettington ...	9	0	37	1
C. J. Francis	9	2	20	2
S. G. Layman... ...	2	0	12	0
E. T. Shorland ...	3	0	15	0
E. Reid...	3	0	15	0
T. Yorath	2	1	3	2
M. Neylon	6	1	15	0

GUY'S v. NEWPORT.

NEWPORT.

W. P. Levick, run out...	12	l b w Reid	2
Capt. Bayard, c Beegling b J. B. Bettington ...	15	c Layman, b Francis ...	13
Hutchinson (Pro) b J.H. Bettington.....	2	c Reid, b Shorland	20
Mee (Pro) b J. H. Bettington	7		
F. Phillips, b J. H. Bettington	0	not out	33
G. F. Harding, b J. B. Bettington.....	27		
G. Rosser, c Stamford b J. H. Bettington	7		
G. P. Taylor, b J. H. Bettington.....	1		
H. W. Veall, b J. H. Bettington.....	9		
Hackwell, c Shorland, b J. B. Bettington	0		
R. Eustace, not out.....	0		
Byes	4	Byes	7
Total	84	Total	75

GUY'S.

E. Reid, c Mee, b Hutchinson	16
J. H. Bettington, b Mee	32
C. J. Francis, b Hutchinson	1
J. B. Bettington, b Hutchinson.....	4
R. B. Stamford, not out	22
E. T. Shorland, c and b Phillips	14
S. G. Layman, st Mee, b Phillips	0
M. L. Neylon, b Harding.....	2
D. H. Beegling, l b w Harding	4
H. Hewitson, c and b Phillips	3
H. M. Crosby, c Rosser, b Phillips	0
Byes	11
Total	114

BOWLING ANALYSIS.

FIRST INNINGS.

	Overs.	Maidens.	Runs.	Wickets.
J. H. Bettington	17	5	38	6
J. B. Bettington	16.4	4	40	3

SECOND INNINGS.

	Overs.	Maidens.	Runs.	Wickets.
E. Reid	6	0	20	1
E. T. Shorland ...	6	0	24	1
C. J. Francis ...	3.1	2	4	1
S. G. Layman ...	5	1	19	0

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Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

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Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

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M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

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All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

NOVEMBER 7, 1891.

IS IT GENERAL PARALYSIS?

J.M., æt. 73.

Family History.—Father died of "Pneumonia," æt 60, mother of "old age," æt 79. No history of fits nor of mental disease in either.

There were four sons and four daughters in the family; patient's eldest brother seems to have died of G.P.

"Did strange things in the way of buying and selling, and died quite helpless and imbecile in two years." Another brother died of "kidney and heart disease," the third of diabetes.

All four sisters alive and healthy; the eldest over 80.

Personal History, &c.—Patient is of Scotch extraction; he is nearly six feet in height, with big muscular frame, forehead high and broad face; has been handsome. Patient has been an exceptionally active man, mentally and bodily; used to rent three large farms several miles apart, and was consequently often in the saddle, with little intermission, from 5 a.m. till 9 p.m., having no rest or regular meal between times. Though making large purchases and sales of stock and produce he is said to have "kept his accounts and made his calculations in his head." Has been twice married; had four daughters by first wife, three of whom have died of tubercular diseases.

Medical History.—Has been for many years subject to a cough, especially on rising in the morning, when some phlegm is always expectorated.

Patient has always drunk cider moderately, and some spirits occasionally, has never been intemperate; no history of venereal disease. In 1874, 17 years ago, he was suddenly seized with an extraordinary feeling of cold and "shivered violently," went and lay down on the floor of a very warm conservatory and could not be persuaded to leave it for some time. The doctor said he "had had a fit." After resting in bed for a few days patient went about his work as usual, but "memory and speech were distinctly though slightly affected for some time." In the same or in the following year there was a distinct attack of gout in one great toe; there have been several since then. For many years patient has been subject to "severe bilious attacks," accompanied by great giddiness and severe vomiting, but apparently no headache; has been twice deeply jaundiced during these attacks, once about 16 years ago, when the urine and vomit are said to have been nearly black. About 13 years ago, when at market, patient told his man he had "tingling and numbness in the right leg;" he pinched his own thigh and said he could not feel. Similar attacks have often occurred since, sometimes with giddiness, sometimes without, and sometimes with a feeling of faintness, relieved by taking some brandy. About nine years ago patient had been much upset by a strike of farm servants; on the following day he remained in bed, feeling ill. He asked his wife to help him on to the night-stool. He then had an attack which Mrs. M. describes thus, "his eyes first looked fixed and then rolled upwards, the face became livid and lips blue, the teeth were clenched and the limbs all became rigid, he was absolutely unconscious. From this condition patient soon partially recovered, then rapidly relapsed into a similar condition, and during the second attack, and while still unconscious, a motion was passed.

At least two similar attacks have occurred during the past nine years, at intervals of about three years. Within the last eight years patient has several times left home on horseback with the intention of going to some definite place, and has, after some hours, wandered home in a dazed condition not having transacted any business and not knowing where he had been; the horse was probably responsible for the return home. On only one occasion had he fallen from the horse, as far as is known. During the last four or five years patient's memory has suddenly and entirely failed him for a short time, as, for instance, when in the act of dealing in the cattle market. For about the same time there has been a gradual loss of muscular power and control. Until two years ago he managed to get about, but I am told that mounting on horseback was a dangerous looking operation. For about two years patient has slept on the ground floor owing to the difficulty of getting up and down stairs. For about 18 months he has been the subject of well marked delusions and hallucinations, often insisting, when lying in bed, that he was out in a field; at other times he sees men, cattle, straw, elephants, &c. in his bedroom; he hits out at imaginary faces; he seldom hits at relatives or attendants. When hardly able to stand he protests sometimes he could run a mile, or jump over a chair. I forgot to mention that patient has suffered occasionally for a long time from rather severe hæmorrhage, from varicose veins in the legs, from the nose, and from the bowel, the blood generally escaping from the bowel in the form of large dark clots.

Recent History and Condition.—A year ago patient could walk perhaps half a mile with the help of a stick. All his movements were clumsy, not well co-ordinated, and his speech was of the same description. His mental condition varied very much; at times he was perfectly sane and in fact directed the management of his farms to a large extent and was still in authority; at other

times, as I have said, he was just as clearly demented; he would insist, for instance, his bedroom was a church and that there was an elephant in the corner of it. There has been constant but varying internal squint of left eye, and there have been transient attacks of left facial paralysis. I have not been able to make out hemiplegia, and there has been no true aphasia. The arms and legs, singly or two or more at a time, are frequently jerked about more or less violently by sudden muscular contractions, which are quite involuntary and seem to occur without external cause, during sleeping and waking. The optic discs are normal, knee jerks equal and moderate, perhaps a little exaggerated. Heart, lungs, and abdominal viscera seem normal except for the chronic bronchitis mentioned. Urine varies much in quantity and specific gravity, sometimes 60 or 70 ʒ in 24 hours, sometimes not 20, specific gravity varying with the quantity from 1025 or even 30 to 1008 or 10. Occasionally there is enough albumen to give a cloudiness with Dr. Pavy's pellets. Three times during the last six months, patient has had convulsive attacks, said to have been similar to previous attacks, and twice I have been present.

The attack consists of a series of perhaps six or eight epileptiform fits, separated by intervals of from 15 minutes to an hour, consciousness being generally quite absent and never really regained till the whole attack is over. Temperature has not been taken, but the pulse and respiration are very much interfered with, both in fact almost cease; sometimes during an attack patient turns of an ashy colour and seems almost dead for a few minutes. Chloroform seems to moderate the convulsions somewhat. It ought to have been mentioned that the arteries are good.

The above notes are, I hope, sufficient to give an idea of the case, the diagnosis of which seems to me to be of great practical importance. It was taken over a year ago as a case of "Granular kidney with cerebral hæmorrhage" but it appears to me to be an undoubted case of general paralysis, however hard it may be to make it tally with the text book descriptions; indeed, Bristowe and Fagge hardly leave room for it. S.W.M.

As the Author of this article has another case of a similar nature at present under his care, he has consented to publish it in our columns at an early date, and to discuss the two cases together.—Ed.

CONJOINT EXAMINING BOARD.

The following cases and questions were given a successful candidate at the recent examination in medicine.

Clinical.

Examine this patient's heart. (Boy, 13: to and fro murmurs at apex, and in aortic and pulmonary areas, anæmia). What is the matter with him? If he has aortic stenosis where would the murmur be heard? Do you hear it over the subclavian and carotid? Is aortic disease common in patients of this age? What are its usual causes? What is the cause in this case? (The patient had had rheumatic fever). Is rheumatic fever a sufficient cause? Has the patient mitral regurgitation? Over what area would the murmur be heard if he had? What is the prognosis? Has the patient the appearance of one with mitral disease? What is the appearance of a patient with mitral disease?

This patient has a cavity in his chest; where is it? (Man, 35; emaciated, anæmic; staining from iodine liniment about left apex; resonance much impaired at right apex; breathing tubular at right apex; a few râles.) Quite right, the cavity is at the right apex; the iodine has not put you off it. Go through the complete examination for a cavity. (Then followed questions to elicit the candidate's knowledge of the auscultatory phenomena consequent on the patient's speaking, whispering, and coughing). What is the condition of the cavity? This patient also has a pneumo thorax; where is it? How do you examine for it? Have you ever heard the bruit d'arrain so well before? Nor have I.

What is the matter with this patient? (Man, 50; chronic enlargement of phalangeal joints; cyanosis of fingers). How would you determine what it was due to? Do you feel the nodules in his ears?

Ask this patient a question, any question you like so long as it is not insulting. (Candidate was shown a patient of 55, from Middlesex Hospital, who had been for three months in Philip, while the candidate was ward-clerking; he replied in a low hoarse voice to a question). What do you suspect from the sound of his cough? (It was brassy in character). If a patient of his age came to you with chronic cough and hoarseness, what laryngeal conditions would you think of? Go to that table and write fully the treatment for the case of aortic disease which you were shown.

Viva Voce.

Examine the specimens under these microscopes. 1. Hæmoglobin Crystals; 2. Hyaline, Granular and Epithelial Casts. No, it is not endarteritis, the swelling is in the outer coat. Well, it is not a gumma, though that is good. Yes, it is a tubercle; look at it well, as it is a beautiful specimen.

What do you see on this lung? (Pleurisy). You see it is a patch of chronic pleurisy, what might that be due to? What do you see in the lung beneath it? (Gangrene). Is it ordinary gangrene? What is it due to? This other specimen has some bearing on it; what is this? (Pickle with pigmented patch at base of lung. Is that the shape of a melanotic sarcoma? Yes, it is an infarct. Now what is the previous fresh specimen? Yes, it is a breaking down infarct.

What is the deep colour of this urine due to? (The urine was brownish red). How would you determine? Examine this urine. What might the opacity be due to? How would you determine? (The urine was pale, cloudy, with no deposit, normal smell, cloudiness had no reddish tinge, did not disappear on boiling, nor on addition of acetic acid). Yes, it is due to oxalates.

You ordered caffeine for the case with aortic disease; why did you do so? What is the action of caffeine on

the heart? What is the composition of pil. col. et hyos? You ordered this boy a cup of tea before getting up in the morning; why did you do so? Oh, you mean some food before dressing and washing, quite right, I am glad to see you have paid attention to such a detail.

CLINICAL SURGERY.

CASE 1.—*Wryneck and curvature of spine.*—Give causes and treatment. What are the difficulties and dangers in tenotomy of sterno-mastoid muscle?

CASE 2.—*Erased knee anchylosed* in bad position. What kind of anchylosis is it? Why is it bony? What has been done? What are the differences between erasion and excision? How would you do an erasion?

CASE 3.—*Syphilitic periostitis.*—What is the cause? How would you treat it?

CASE 4.—*Scirrhus of breast.*—What are your diagnosis and treatment?

CASE 5.—*Talipes equino-varus*, due to infantile paralysis. What is infantile paralysis? Give its pathology? What tissues does it affect, and why?

SURGICAL ANATOMY, &C.

1.—Map out the branches of the 5th nerve on the face (of the subject provided).

2.—Where does the ductus ad nasum open? How would you probe it?

3.—Shew me how you would amputate that breast, the axillary glands being also affected. Shew all the steps of the operation and afterwards dress it. A dermatograph was provided to mark out the incisions, &c., protective, gauze, bandages, &c., for the dressing.

4.—The uses, advantages, &c., of *(a)* a lithotomy scoop; *(b)* two varieties of tourniquet; *(c)* a rectangular bladder staff.

5.—What catheters would you use for a case of enlarged prostate? The catheters were to be selected from a case containing several varieties. What are the advantages of the cathétre coudé; *(c)* à boule, &c.

6.—How would you put up a Colle's fracture. The splints were to be selected and applied.

PATHOLOGY, SURGICAL.

TABLE 1.—*(a)* What are the varieties of fracture of the upper end of the femur? Do you consider extra and intracapsular a good classification? Give your reasons. What are the symptoms of impacted extracapsular fracture of the neck of the femur? What must it be diagnosed from? How would you treat it? *(b)* A specimen of scirrhus mammæ was then shewn. What do you mean by Scirrhus? What are the symptoms and the indications for and against operation?

TABLE 2.—*(a) Epithelioma of tongue to be identified.* What are the *causes*, *morbid anatomy* and *treatment?* Describe the removal of a tongue. *(b)* Specimen of bad stricture of urethra with a false passage. Causes locality and treatment of stricture.

THE GUY'S HOSPITAL CLUBS' UNION.

The following are the Rules of the Clubs' Union, as definitely accepted at a Conference of the Delegates of the Clubs held on October 22nd.

1. The Guy's Hospital Clubs' Union shall consist of the following Constituent Institutions:—Association Football Club, Athletic Club, Cricket Club, Cycling Club, Gazette, Lawn Tennis Club, Physical Society, Prayer Union, Reports, Rugby Football Club, Students' Club, and of such other Institutions as shall subsequently be admitted.

2. The affairs of the Union shall be managed by a Council consisting of six members of the Hospital and School Staff, to be elected annually at a School Meeting, and of six representatives of the Students, to be elected annually in May, in the following manner—

(i). Two to be appointed by the committee of the Students' Club.

(ii). Two to be appointed at a meeting to which each of the committees of the several Athletic Clubs shall be empowered to send five representatives. This meeting shall be convened by the secretary of the Rugby Union Football Club.

(iii). Two to be appointed at a meeting to which each of the committees of the remaining Constituent Institutions shall be empowered to send five representatives. This meeting shall be convened by the secretary of the Physical Society.

3. The Council has power to admit any new Club or Society as a Constituent Institution of the Union, or to remove any Constituent Institution from the Union by the vote of a majority consisting of not less that eight members of the Council.

4. Each Constituent Institution shall undertake by its secretary or treasurer not to allow the privileges of membership to any student (except such as entered the Hospital before October, 1891) who is not a member of the Union, nor to any member of the Union during such time as his name may be posted as a defaulter.

5. The Council shall meet once every three months, and at such other times as the secretary or any three members of the Council may think necessary. Of such extraordinary meetings the secretary shall give not less than three days' notice, and of quarterly meetings not less than seven days' notice, specifying in each case the business to be transacted. Five members to form a quorum.

6. The Council shall at the first meeting after their appointment elect annually from their number a president, a treasurer, a secretary, and an assistant secretary. The same president shall not hold office for more than two consecutive years.

7. The Council shall appoint two auditors of their accounts, one a member of the Staff, and one a Student; neither of whom shall be a member of the Council. The Council may also appoint an auditor or auditors of the accounts of the Constituent Institutions.

8. The treasurer shall prepare a yearly balance sheet of the accounts of the Union up to the 31st March, which shall be duly audited and presented to the outgoing Council in the month of May in each year.

9. The Council shall have control of the funds of the Union, and of any field or other place or appliances the use of which is common to two or more of the Constituent Institutions, but shall not control in any other way the management of the Constituent Institutions.

10. Each Constituent Institution shall forward to the secretary of the Union, not later than the 1st of October in each year, the audited accounts of the year ending on the preceding August 31st., and a budget setting forth the probable expenses of the current year.

11. The Council shall, after the consideration of the accounts and budgets, inform the treasurer of each Constituent Institution what sum will be placed at his disposal for the year.

12. Should the expenses of any Constituent Institution be less than the sum authorised by the Council, the balance shall remain in the hands of, or be repaid to, the treasurer of the Union; but should the expenses exceed the sum authorised, the committee of the Constituent Institution shall be responsible for the deficit.

13. Membership of the Clubs' Union shall entitle to the privileges of membership of each of the Constituent Institutions.

14. All Patrons of the Clubs' Union, and such other persons as shall be elected by the Council, shall be honorary members.

15. In consideration of the annual subsidy paid to the Union by the Treasurer of the Hospital on behalf of the Medical School, all acting members of the Hospital Staff and all Teachers in the Medical School shall be members of the Union.

16. Students of the Hospital shall be allowed to join the Union on payment of the annual subscription, or of a composition fee for life membership. The annual subscription shall be £2 2s. 0d. The payment of five consecutive annual subscriptions shall entitle to life membership, subject to Rule 21. Subject to the same rule members may compound for life membership at the following rates:—

On entrance by payment of £8 8s. After payment of one annual subscription, by payment of	£6 16	6
(Two) "	5 0	0
(Three) "	3 3	0

Note A.—Life membership of the Union entitles to life membership of all the Constituent Institutions except the GAZETTE and Reports, free copies of which will be presented to members only during the first five years of their membership.

Note B.—Students who entered the Hospital before October, 1891, shall become life members by payment of an annual subscription of £2 2s. for a period of five years, less the number of years that they have already been studying at the Hospital [students entering at the beginning of a Summer Session being considered as entering in the preceding October]; or they may compound for Life Membership at the following rates:—

Present students who have completed four or more years' study at the Hospital, and past students, by payment of £1 1s. 0d. [with a deduction of 10s. if they are life members of the Students' Club].

Students who have completed three years' study at the Hospital by payment of £3 3s. 0d. [with a deduction of 20s. if they are life members of the Students' Club].

Students who have completed two years' study at the Hospital by payment of £4 4s. 0d. [with a deduction of 30s. if they are life members of the Students' Club].

Students who have completed one year's study at the Hospital by payment of £5 15s. 6d. [with a deduction of 40s. if they are life members of the Students' Club].

These composition fees only entitle to free copies of the GAZETTE and the Reports for one, two, three and four years, respectively.

17. Students entering the Hospital for special classes may be admitted to the privileges of membership of the Union (exclusive of the GAZETTE and Reports), upon payment of a subscription of 10s. 6d. for three months.

18. No Student shall be considered to be a member of the Union, nor entitled to the privileges of membership, until he shall have paid his subscription, and signed his name in the Members' Book, thereby undertaking to abide by the rules.

19. The annual subscriptions of members joining the Union between April and August, inclusive, shall become due on the first day of May, and those of members joining between September and March, inclusive, shall become due on the first day of October.

20. Every member whose subscription is more than one month in arrear shall be suspended from the privileges of membership, and his name shall be posted in the Students' Club. After two months' default he shall cease to be a member of the Union, and shall not be re-admitted without the consent of the Council, who shall, if they think fit, impose a fine of five shillings upon his re-admission.

21. Any member of the Union who shall be expelled from membership of one of the Constituent Institutions for misconduct may be expelled by the Council from the Union.

22. No alteration of, or addition to these rules shall be valid unless it be confirmed at a subsequent meeting of the Council by a majority consisting of eight members. Of such proposed alteration or addition the secretary, at least fourteen days before the meeting of the Council at which it is to be confirmed, shall give notice in writing to the secretary of each of the Constituent Institutions, and shall post a notice in the rooms of the Students' Club, and shall cause a notice to be inserted in the GUY'S HOSPITAL GAZETTE.

THE LAY OF THE STREPTOCOKK.

Prologue.

'Twas Sepsys and the noxy germs
Did thromb and embol in the hæm,
All dropsic where the psorosperms,
And the ptomraths outgræme!

His mother admonisheth him.

Would'st slay the Streptocokk, my son!
The microbe breath, and pyous death!
Beware the macrophage and shun
The toxsome albumose.

He setteth forth and pondereth.

He took a pseudopod in hand,
Sometime his septic foe he sought,
Then rested e'en in the ktonic spleen,
And stayed awhile in thought.

He meeteth him.

And as in zymose thought he stood,
The Streptocokk, of well-known fame,
Came hurtling through the hœmolymph,
And fissioned as it came.

He dealeth death.

One, Two! One, Two! With phunk quite blue,
Those cyan germs hid in each crack . . . ,
He slew them dead—each engulphèd—
And crawled ensquirming back.

His return upsetteth his mother's liver.

Hast slain the Streptocokk, my son
Come to my arms! Amoebish boy!!
Oh phagic day! Karee! Karay!!
She cirrhosed in her joy.

Epilogue.

'Twas Sepsys and the noxy germs
Did thromb and embol in the hæm,
All dropsic where the psorosperms,
And the ptomraths outgræme.

ΔΥΡΒΑΝ.

PASS LIST.

FIRST CONJOINT EXAMINATION.

CHEMISTRY AND CHEMICAL PHYSICS.

Bevan, O.
Bird, J. W.
Brown, R. T.
Butler, W. R.
Golding-Bird, F.
Holden, H. C.
Pendred, B. F.
Philipps, A. E.
Reckitt, W. F.
Ta Bois, F. W.
Tipper, E. H.

MATERIA MEDICA AND PHARMACY.

Ensor, J. W.
Fagge, R. H.
Hora, J.
Infield, S.
Mumford, W. G.
Roberts, D. F.
Scowby, E. T.
Ta Bois, F. W.

ANATOMY AND PHYSIOLOGY.

Holden, H. C.
Hunter, C. H.
Vick, T. J.

FIRST M.R.C.S.

PHYSIOLOGY ONLY.

Sharman, H. E.

SECOND CONJOINT EXAMINATION.

ANATOMY.

Constable, J. C.
Pain, W. E.
Pitt, W. C.

PHYSIOLOGY.

Constable, J. C.
Evison, F. A.
Henson, W. W.
Humphreys, H. F.
Nicholson, T. M.
Roberts, E. S.
Wallis, S. S.

FINAL CONJOINT EXAMINATION.

Medicine, Surgery, and Midwifery.—*Mr. Taylor.

Medicine and Surgery.—Mr. Wilkinson.

Surgery and Midwifery.—*Mr. Jackson Lang.

Medicine.—Messrs. Allworth, *Cobb, *Daldy, Gillbard, *Hamilton, Howes, *Meadows, *Pollock.

Surgery.—Messrs. *Hudson, May, Morice, Ralph.

Midwifery.—Messrs. Lord, Rayson, Worthington.

This list is not official, and the Editor will be glad to hear from any men whose names are inadvertently omitted.

An asterisk (*) placed before the name signifies that the possessor is now doubly qualified.—ED.

DENTAL APPOINTMENTS.

OCTOBER, 1891.

Gas Dressers.—Messrs. H. Turner, J. M. Tarachand R. E. Woodcock, F. E. Pritchard.

Dressers in the Extraction Room.—*(For November.)* Messrs. C. H. Oram, G. S. F. Manton, J. B. Parfitt W. R. Wood, G. Whitworth, H. P. Taylor. *(For December.)* Messrs. W. H. Lyne, J. E. O. Brawn, F. C. Bromley, E. V. Knight, E. Picnot, F. H. Carpenter.

In Memoriam.

We regret to announce the death of H. WALTER JOHN. He joined the Hospital in 1886, and passed his final M.R.C.S., L.R.C.P., in 1890. He commenced a practice last March at his home in Ammanford, S. Wales, and had been most successful, having already been appointed Medical Officer to two collieries and two tin-plate works. He was attacked by Rheumatic Fever and died in a few days. During his stay here his geniality made him most popular among his friends.

Birth.

COUNSELL—At East Lyss, Hants, the wife of Herbert E. Counsell, M.R.C.S., of a daughter.

Marriage.

CRESSY — WHITE. — October 14th, at All Saints' Church, Kenley, Surrey, by the Rev. Professor Skeat, cousin of the bridegroom, assisted by the Rev. L. Harding Squire, M.A., Vicar, Arthur Zell Claydon Cressy, M.R.C.S., L.S.A., of Wallington, Surrey, to Ethel Maud, fourth daughter of George T. White, Esq., of Malvern House, Kenley, Surrey.

COMMUNICATIONS, BOOKS FOR REVIEW, ETC.

Communications and books for review have been received from:—*A. J. C.; E. C. Kingsford; S. W. MacIlwaine; Messrs. Lewis & Son; The Editor of the Hospital; Jey's Sanitary Compounds Co.; C. H. D. Ralph.*

E.'s letter will be published in our next issue.

INCIDENTS IN THE CAREER OF A MEDICAL STUDENT.

SCENE: GUY'S CLUB. TIME: DINNER HOUR.

Student (having dined): "Waitress, will you give me my bill, please?"

Waitress (enumerating): "Roast beef, bread, bitter——(*loq.*) Did you have two vegetables, sir?"

Student: "Well,——I had *two* potatoes." [*Curtain.*

Passim.

We print this week a letter from Dr. Hale White supporting our suggestion as to a memorial to the late Dr. Wooldridge. Our readers will see by his letter that Dr. Hale White has arranged a meeting on November the 11th, at 4 p.m. We hope all senior men who knew Dr. Wooldridge will be there, and we shall be glad to receive donations from any old Guy's men who are unable to be present. Such donations should be sent to the Editor, and will be handed by him to the Treasurer who is appointed at the meeting.

The New Guy's Pharmacopœia will be ready in a fortnight. We have already referred to the manner in which it has been compiled, and we may add that the many recipes given for the compounding of articles of diet for the sick and convalescent, will render it invaluable to the nursing staff as well as to the students.

We take this opportunity of publicly thanking Dr. Shaw in the name of the various Clubs and Societies connected with the Hospital, for the able and energetic way in which he has worked in the interests of the "Guy's Union." The time and trouble he has given to it have been both long and great, and we congratulate him on having secured to Guy's a union which will, we hope, always remain one in deed as well as name.

The first of the concerts arranged for the nursing staff took place on the 26th ult., and was a great success. Among the artistes who contributed to the enjoyable programme, were Miss Monimia Twist, Mr. Corney Grain, Mr. Evan Franks, Mr. A. T. J. Slocombe, Mr. James Coulson, and Mr. Norton Greenop.

We see from a notice in the colonnade that a class in Bacteriology will be commenced on Monday, November 16th. There will be lectures given on Mondays, Tuesdays, Thursdays and Fridays at half-past four, and the Demonstrator will attend in the large Chemical Laboratory on these afternoons for the purpose of giving practical instruction. The laboratory will, however, be open every day at stated times for the convenience of those who are unable to do the practical work on the regular days. Gentlemen who have not sufficient time at their disposal to do the practical work can attend the lectures alone, and the hour of 4.30 has been chosen as a time at which most men holding appointments have finished their work in the wards. The names of those gentlemen who wish to attend the lectures or to join the practical class should be left in the Medical School Office without delay. Full particulars may be obtained of the Demonstrator, Dr. Washbourn.

We note with great satisfaction that the Pavy Gymnasium is in full swing, and is very largely patronised by both great and small. On Tuesday afternoons Sergeant Shardelow attends and instructs in gymnastics, some of the men being very likely pupils, and all, at any rate, appearing to do their best. On Thursdays, E. White, our last year's professor of boxing, propounds the mysteries of the noble art of self-defence, likewise of offence. Last year's men seem to be improving, and there is a batch of new men whose enthusiasm should prophesy future success and proficiency in the use of the gloves. Both classes take place from four to six in the afternoon, and from personal observation we can state that the gymnasium is doing its founder credit.

May the Editor implore the Secretaries of the Football Clubs to remember that the day for sending in the accounts of matches is the *Monday* before the Gazette is published. At present they seem to think that any date before publishing day will do.

We note with regret that smoking is still continued in the colonnade.

The dresser's dog has been stolen. It is domesticated and has rickets; it combines filial affection with granular lids, and it answers to the name of "Jack."

The Fives' Courts are being proceeded with rapidly.

Messrs. Hamilton, Daldy & Turner have donned holland frock coats. We wish them success.

Notes on Pathology, by the late Dr. Carrington, will shortly be published in the form of a "Handbook to the Post Mortem Room."

As the list of candidates who have passed the Final Conjoint is not yet complete, we ask the indulgence of any whose names are omitted in the provisional list we publish.

"Great dissatisfaction is expressed in the Dental School, that the practical part of the L.D.S. examination which should have been held at Guy's Hospital next week, is announced to take place at the Dental Hospital, Leicester Square. This is the eighth consecutive examination that has been held at the Dental Hospital, Leicester Square."

Correspondence.

To the Editor of Guy's Hospital Gazette.

THE LATE Dr. WOOLDRIDGE.

Dear Sir,—I certainly think that something ought to be done as a memorial to the late Dr. Wooldridge, for whose remarkable genius we must all have a high admiration. Dr. Pye-Smith has kindly consented to preside at a meeting to be held on Wednesday, Nov. 11, at 4 p.m., in the Anatomical Theatre, to discuss what form the memorial should take. I hope that all Dr. Wooldridge's many admirers will be present, and that those who subscribed to the wreath will allow the balance from that to go to the memorial.—Believe me, yours truly,

W. HALE WHITE.

BLUE PUS.

Sir,—While reading the report in your issue of October 24th of the discussion on Mr. Lister's paper on "Wound Infection and Antiseptics," I was much struck with the remark of Mr. Stevens, that "he was somewhat sceptical as to the existence of blue pus." He might have gone further, and said that he did not believe in its existence—at any rate as far as the wards of Guy's were concerned—and he would have been right. Thanks to antiseptics and scrupulous cleanliness, he had never seen, what certainly was in past years not at all an unfrequent occurrence, though confined, as far as my experience goes, entirely to the erysipelas wards. It is at least fifteen years since I saw a case of "blue pus"; and then for its development an unantiseptic dressing with such a substance as Carron oil, a freely discharging surface (not necessarily "foul"), and a day or two's delay in changing the dressings, were the conditions that favoured its appearance. I had seen it frequently when studying in Paris, and heard Professor Broca, at the bed-side and in his lectures, speculate as to its nature and significance; but the only conclusion that he came to about it, was that it was due to a substance of the nature of or allied to indigo, since the colour developed or disappeared in proportion as the pus was freely in contact with the oxygen of the air or removed from it. This conclusion was based upon an experiment that Broca frequently performed, and an account of which may not prove uninteresting. From a dressing well coloured with blue pus, he would draw out a single thread, place it in the middle of a lump of "charpie" that he had already soaked in the white of an egg, and then enclose the lump thus formed (about the size of a hen's egg) in a piece of pig's bladder previously soaked in water, tying it up tightly with string. This was then placed in the axilla of the patient, where the necessary warmth and moisture were available, for forty-eight hours. At the end of that time, on emptying the bladder, the ball of moist charpie was no longer white, but deep blue all over; and on breaking it open, the colour was seen to extend into the mass for a short way; the middle of the mass, where the coloured thread has originally been placed, being now colourless.

From this fact, as well as from the further one, that the experiment failed if gutta percha or oilskin were used instead of animal membrane to envelope the charpie, Professor Broca was led to attribute the colour to the oxidation of some substance which in the absence of oxygen was colourless. He never suggested that the colour was due to the presence of an organism, though I remember one of his House Surgeons once making the suggestion; however, the Professor did not entertain it, giving as his reason that he had failed to find any trace of an organism by microscopic examination.

Though I have frequently mentioned this experiment when speaking to my dressers, I am not aware that any account of it has ever been published; and, if for no other reason, it is worth putting on record as the observation of a "Past Grand Master" in Surgery.—Yours faithfully,

C. H. G. B.

Physical Society.

A Clinical evening was held on Saturday, October 31st, with Mr. A. T. Rake in the chair.

The first case was one of Mr. Davies-Colley's, an epispadias with ectopia vesicæ, shown by Mr. Elliott. All the typical features of the deformity were present, the widely separate recti with the thin broad linea alba ending below in a red mucous surface, at the lower part of which could be seen the uretal openings; below, this surface was continuous with the floor of the urethra on the broad stunted penis, where the caput gallinaginis was visible; the pubic arch was incomplete; the testes had not descended; the perinæum was short, and the anus directed somewhat more forward than usually.

Mr. Elliott gave a short history of the methods in which this deformity has been surgically treated, from the early and unsuccessful attempts to direct the ureters into the rectum, to the modern flap operations by which an anterior wall to the bladder is made from the skin on each side, and above; and most recent of all, the method of Trendelenburg.

This last in which the sacro-iliac joints are partially severed, was made use of by Mr. Davies-Colley. By means of a single incision the posterior sacro-iliac ligaments on both sides were divided. Ten days being sufficient for the healing of this wound, steps were then taken to bring the horizontal parts of the pubis together. Side splints padded with elephant plaster, which were connected behind the sacrum by strapping, were laced in front. These slipped too high up the body to effectually approximate the spines of the ilia in front, and when a double Bryant was employed to keep them in position, they produced soreness on the prominent points. A many-tailed bandage was next resorted to, so arranged that it encircled the body, the ends crossing in front and hanging over the edge of the cot; by means of weights attached to the ends lateral pressure was applied. When this had been kept in position with the help of a double Bryant it was found that the distance between the spines of the ilia in front had been reduced half an inch. A plastic operation was then undertaken, a curved flap of skin from above the bladder being raised and sutured together in front of it. The sutures, however, did not hold, and the child was to go out; but it was hoped it would be brought back for the operation later.

Mr. Meadows Turner asked for information upon the developmental history of the deformity: the origin of the bladder from the allantois, a blind tubular pouch or pocket of the gut, made it difficult to see how a deficiency of only the anterior wall could arise. Mr. Elliot, however, saw no difficulty: he explained it by supposing that the Somatopleure had failed to unite.

The next case was shown by Mr. Muncaster: a boy of six, with a tumour on the right side of his abdomen. There was a history of a fall into a dustbin 3 months ago, after which the swelling was first noticed as a small lump, but now it was large or larger than a hen's egg. Its was ituated between the linea transversa opposite the umbilicus, and the one next above it, was soft and fluctuating, and gave no distinct impulse on coughing: the bowels were normal. When seen at out-patients, suggestions were made that it might be nævoid or nævolipoma. Mr. Durham had not pronounced a definite opinion: but an exploratory puncture was proposed.

Mr. Ralph said he remembered a similar case in Lazarus under Mr. Golding-Bird, which had proved to be chronic abscess.

Mr. A. J. Sharp quoted the saying that common things were the most common, and wished to assert the claims to consideration of either chronic abscess or a hæmatoma breaking down. He was of opinion that the tumour was either in the rectus sheath or in front of it.

Mr. Hogarth suggested a hernia through a ruptured rectus, and considered that the history of increase in size put hæmatoma out of court.

Mr. Bligh drew attention to the condition of the veins, which he said pointed to a naevoid nature.

Mr. Muncaster said that Mr. Durham had inclined to the opinion that it was not in front of the rectus sheath but either in or behind it; he thought that serous effusion might account for the growth of a hæmatoma.

Mr. Wilkinson next showed a case of a man, aged 50, with nystagmus and tremors of the arms and in a less degree of the legs. For 39 years the patient had worked with mercury at some chemical works in London; he had had from time to time looseness of some of his teeth, and had himself drawn several, but he had not had salivation. Twenty-five years ago he had had a sore on his penis, with a thin discharge, the scar of which was still visible; there was no other history of syphilis, but there were some superficial pigmented scars on the tibiæ, a right hydrocele and possibly an enlarged right testis and cord. He had never been a hard drinker.

The tremors had begun in the right hand, had then gone to the left and spread to the arms, so that feeding himself had been impossible for some time; latterly his legs had been affected, and he had experienced a swimming sensation in his head. His gait was clumsy, and he wavered and shook if he tried to stand with his eyes shut.

The patient, he specially pointed out, did not look nor feel ill; there was no anæmia, no line round the gums. There was no affection of the mind; jerks, reflexes, discs, pupils and sensation were all normal. The tremors ceased when at rest in bed, and had never, or only very slightly at times, affected the tongue or lips; his speech was perhaps slightly stammering.

The diagnosis lay between mercurial poisoning and insular sclerosis; other affections were mentioned, only to be put aside. And against both these there were forcible arguments.

Mr. Bligh, Mr. Hogarth, Mr. Sharp, Mr. Ralph, and Mr. Galow, took part in the discussion.

Mr. Eastment showed a patient, aged 44, who had come in for dyspnœa. There was a clear history of syphilis; he had a tongue glazed, scarred and transversely

furrowed, and had had a gumma in the right biceps, which had gone down on treatment. T. V. F. was absent from the base of both lungs; entry of air was bad in the 2nd, 3rd and 4th left spaces. The veins on his trunk were distended with blood flowing downwards. The left vocal cord was paralysed, but the pulses were equal. The diagnosis lay between aneurysm and gumma. He had got better under a course of pot. iod.

Mr. SHARP pointed out that the symptoms resolved themselves into compression of the superior vena cava below the entry of the azygos, compression of the left inferior laryngeal nerve, and compression of some left bronchial tube. The diffuse nature of the symptoms, he thought, was in favour of gumma.

Mr. BLIGH thought that the improvement under potassium iodide was in favour of aneurysm. Had it been a gumma, it would have contracted and aggravated the symptoms.

Mr. ELLIOTT thought it might, by contracting, leave the parts free from entanglement and so from pressure.

THE GUY'S SMOKING CONCERT.

The first of the "Monthly Smokers" to be held during the Winter Session took place in the Club Smoking Room, on Saturday the 24th. A capital programme, consisting entirely of "local talent," had been arranged by the Chairman, Mr. J. H. Bryant (for one of the largest audiences we have seen at these gatherings), and included amongst numerous songs and sketches was an excellent skit on one of the last theatrical crazes, entitled "l'Enfant Fatigue," the score being by Mr. Jackson Lang, who presided at the piano; the characters, not libretto, by Messrs. Allport and Morton. Mr. "H. S." Stevens also performed a "Pas de Seul," and was heartily encored for his efforts. Mr. Lulham gave a very good imitation of Mr. Corney Grain's Sketch, "At the Pantomime," his song about the "Trombone Family" being particularly funny. Mr. Jackson Lang's Sketch was also much appreciated.

Amongst the vocalists may be specially mentioned Mr. Coulson, Mr. Alexander and Mr. Mackeson, the latter also sharing with Mr. Cresswell the duties of accompanist.

Mr. Coulson ought to have no difficulty in winning any lady's heart if he sang to them "Love me sweet with all thou art" as he sang it to us, or invited us into the garden as he did Maud.

Mr. Alexander related how he was "Off to Philadelphia," but we all hope he will be back to sing to us at the next "Smoker."

That old favourite at Guy's, "The Yeoman's Wedding," was sung by Mr. "Bright" Spurrell.

Mr. "Jelly" Allport shewed how "Sister Mary" walked, and Mr. Layman explained how our native tongue is spoken in "Merry England."

Among the other performers were Messrs. Henson, Alston and Collier, all of whom we shall hope to hear again.

Mr. Dixon played a duet with Mr. Cresswell, and also gave us a charming violin solo, whilst Mr. Peake was well heard in the cornet-a-piston.

We venture to think that if a piano were placed in the Smoking Room, to be used only on those Saturday nights when there is no meeting of the Physical Society, and no "Smoker," that it might induce more men to assist at these concerts. Perchance the Guy's Union will consider the matter, or the Musical and Dramatic Society which now exists will make some arrangement.

Sport.

RUGBY FOOTBALL.

GUY'S (1ST XV.) v. KENSINGTON.

This match was played at Stamford Bridge last Saturday, as the Kensington ground was reported to be a swamp. As anticipated, the game produced a very keen and exciting contest, and those of us who journeyed down with the team were fully rewarded by seeing our men play a splendid game against a very powerful lot of opponents. Guy's and Kensington met as two teams with an unbeaten record for this season, and each left the field with their record still unbroken. It is difficult to give an accurate description of a game which was fast from start to finish, and in which many good things were done by many men. Ensor was a success at full-back, but he must learn to pick up the ball cleanly; he is a man in whom one can place perfect confidence as soon as he has got the ball safe in his hands. Hancock and Bell were everything one could wish, as good in defence as in attack; and when the forwards have learnt—a lesson which they appear to be learning very quickly now—to get command of the ball at once in the scrimmage, and pass it out cleanly to the halves when required, we may look forward to adding quickly to the 43 points which have already been scored this season.

Our 2nd XV. added to their list of wins on Saturday by defeating the Crusaders by four tries to nil. They are unquestionably a very smart team, and will require a lot of beating. The captain is ably supported at three-quarter by Hick and Carpmael; the halves are distinctly above the average, and the forwards, among whom Van Someren is always conspicuous, are both hard working and clever.

Our 3rd XV. won a most enjoyable game against Sidcup 2nd by one goal and two tries to nil.

GUY'S (1ST XV.) v. ROSSLYN PARK.

Played at Acton on Saturday last.

Our fixture with Rosslyn Park invariably produces a keen and hard-fought game; their forwards are a well-made active lot, while behind their combination is far

better than the majority of London Clubs; their half-backs, Chaldecott and Lamont, are about as good as any pair we play against, and take a lot of beating. Last year, and the year before, they beat us by a small score, so Saturday's match was looked forward to with a great deal of interest, as we knew it would be a sure test of our strength, and would show whether our form this year is as our two opening matches against Dulwich College and London Welsh would indicate.

Our men went down with their full strength, with the exception of Jones, whose place at half was filled by his old school-fellow Rowlands. The turf was very wet on he top, but in much better going order than on either of the previous Saturdays.

Our opponents set the ball rolling, and the game went along at once at a very fast rate, making it evident that whoever was in the best condition for keeping up the pace would win. Towards the middle of the first half three or four of their forwards broke away from a loose scrimmage by themselves, and meeting with little opposition they dribbled over our line and obtained a somewhat soft try. There seemed to be nothing wrong with the try, and why our forwards lagged behind I don't know, one three-quarter and full back can't stop a rush of forwards coming on by themselves with the ball at their feet. The place kick failed, and Hancock kicked well up into touch; here our forwards bucked up splendidly, and rushing up their line Slater grovelled the ball over and we were given a try at an easy angle, but the ball was heavy and Shorland's shot just missed the posts. Play now became fast and furious, and half time arrived with the score at 1 try all.

The second half saw the game still carried on at high pressure, and excessive adipose tissue was telling on one, if not more, of our men of weight. Behind the scrimmage we were kept as busy as bees, tackling and stopping rushes, and right well our backs did their work. Early in the second half our full back, Dudgeon, had a nasty collision in falling on the ball to stop a rush. He had been playing a very plucky, useful game, and everyone was very sorry to hear that he had fractured his clavicle. Of course, he was obliged to leave the field, and Slater was taken from the scrimmage to fill his place. The latter had a nasty lot of work to do, and did it remarkably well. Towards the end of the game things got very warm indeed, and our men had decidedly the best of it, the backs working well together and getting the ball close down to the goal line, where we were awarded a free kick for infringement of the rules. Hancock made a good shot for the uprights, but the greasy ball again deprived us of the victory, and in a few minutes time was called without any addition to the score.

Our forwards are beginning to understand each other, their play in the loose is decidedly good, but in the pack they have a lot to pick up. They are undoubtedly beginning to master the science of wheeling, and in a few more weeks they should make a lot of headway; the weak point at present is in heeling out quickly and cleanly. Our backs, this year, are good enough to be fed in better style than they were on Saturday, and the forwards are responsible for this.

At half, Cooper, as usual, was the backbone of the team. He was in the midst of everything, and kept his men well together. Playing for the London Welsh the previous Saturday, Rowlands had proved himself to be a first-rate man. On this occasion he played a good hard game, but his opposing half got by to our three-quarters more often than he ought to have done. All our three-quarters played a good game. Hancock is a tremendous acquisition, and in the centre he is the right man in the right place. He kicks, passes, collars and runs well, and knows all about the game. Bell, in his football togs, should be spelt with a "u." His collaring was terrific, and the crowd were delighted at the way he went for his men; however, one of these fine days a referee may request him to collar just a "leetle" bit lower than the head and neck. Bettington is playing much better this year, his shot for goal in the first half deserved more success.

So we are still an unbeaten team, and on Saturday meet a lot of the same kidney in Kensington, the conquerors of the Harlequins and London Scottish. "Vae Victis."

GUY'S (2ND) v. BROCKLEY (A TEAM).

Played at Raynes Park on the 10th ult., and won by Guy's, 3 goals, 1 try (17 points) to nil. Guy's held the advantage all through, all the new men playing very keenly. Tries obtained by Spon (2), and Brereton and Van Someren.

GUY'S TEAM. J. Moore (back), C. E. Carpmael, H. Hicks, H. J. Spon (three-quarters), W. H. Peake and C. W. Booker (half), C. Covernton, V. Collins, H. Pern, F. Brereton, E. Van Someren, H. Holden, A. C. Fry, R. F. Brown and W. Hills (forwards).

GUY'S (2ND) v. DULWICH (2ND).

Played on the College Ground on the 17th ult., and won by the Hospital by two tries (4 points) to nil. The ground was very heavy, and made scoring difficult. The forwards played a dashing game; special mention may be made of Pike, Van Someren, Moffatt and Pern. Moore tackled well, but did not have much to do, while Hicks at three-quarters, and Peake and Booker, half, played well.

GUY'S TEAM. J. Moore (back), C. Carpmael, H. Hicks, H. J. Spon (three-quarters), W. H. Peake and C. Booker (half), P. Wilmot, J. Robinson, N. H. Pike, F. Steward, E. Van Someren, H. Moffatt, B Instone, M. E. Tresidder, H. Pern (forwards).

GUY'S (2ND) v. MIDDLESEX WANDERERS (2ND).

Played on the Athletic Ground, Richmond, on the 24th ult., and after a fast and very even game, left drawn. Guy's won the toss and played the pavilion end. Soon after the start, Van Someren got behind for us after a good run, but Hicks failed at the place. Play ruled fast, up and down the ground until just before half time, when

from a loose scrum, Cook obtained a try for the Wanderers, which was not improved upon. On change of ends the Wanderers played up strongly, but owing to bad passing failed to score. Van Someren, however, again picked up and got behind for Guy's. A few minutes before time Gould obtained a try for the home team, and nothing further being scored the game was left drawn—4 points all. Our forwards played a sterling game in the scrum but must break up sooner, and there should be more collaring forward, and had our men played up to the whistle more, the Wanderers would never have scored their second try. Lichtenberg kicked well at back but had very little tackling to do. Lewis is a new man, but played fairly well at half, though he should mark his opposing half more. Layman seems to have lost none of his old form forward, and was a host in himself, and Pantin, Clarke and Instone gave us additional strength. Things should be bright for the Second Fifteen this season.

GUY'S TEAM. C. Lichtenberg (back), C. Carpmael, H. Hicks, E. Van Someren, H. J. Spon (three-quarter backs), F. Lewis, C. Booker (half backs), P. Wilmot, C. S. Pantin, R. F. Clarke, B. Instone, H. Pern, H. Moffatt, J. Robertson, S. G. Layman (forwards).

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. LUTON TOWN.

The Association Team journeyed down to Luton on Saturday, October 31st, and before a large and enthusiastic crowd, numbering some hundreds of locals, brought off a most creditable victory, to the tune of four goals to one. Our captain having lost the toss, Pendred started the ball for the Hospital up the hill, and with the sun in his face. Luton were the first to become dangerous, but our goal being relieved and the forwards getting on to the ball, play was soon transferred to their goal, where, after a slight scrimmage, Kirkby scored the first goal for the Hospital. This put the Luton men on their mettle, and the result was that our goal was assaulted for some time, two corners falling to them, but both were fruitless. Our forwards had by no means been idle during this time, making frequent runs to the Luton goal, but without success. Then shortly before half time, by some good combined play on the part of their forwards, they equalized. After changing ends, with the assistance of the slight hill, the Hospital had matters more their own way, and through some good combined play on the part of our forwards, Fitz-Hugh, Fisher, and Pendred being most prominent, Stamford was enabled to shoot a second point for the Hospital. After this our goal was in danger for some time, three corners falling to Luton in quick succession, and also "hands" in front of goal, but after some severe scrimmages in the mouth of our goal (which greatly delighted the hearts of the spectators), Lowe, our goal keeper, by some very good play, relieved, and Poole, by a long shot, which their goal keeper thought was going over his charge and so did not attempt to save, scored a third point; and shortly before the end, Stamford by another strong low shot lowered their colours for the fourth time, and the game ended as stated above.

TEAM. R. L. Lowe (goal), W. S. Frith (captain), and H. D. Racher (backs), W. Roole, H. Hewetson, and F. J. Lidderdale (halves), W. H. Fisher and R. T. Fitz-Hugh (right wing), B. Rendred (centre), R. B. Stamford and R. C. Kirkby (left wing).

The results of other matches played this season, but of which we have not been able to send accounts, have been as follows:—

On Oct. 3rd v. Barnes. Won by 8 goals to 0.
" 17th v. Vampires (Surrey Senior Cup Tie). Won by 5 goals to 1.
" 24th v. Tunbridge Wells. Lost by 2 goals to 3.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

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PROVINCIAL TOWN.—North-East of England. Nucleus for Disposal, price £250. Efficient introduction.—Address N., Medical Office, Guy's.

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All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

SPECIALLY ENLARGED TO 24 PAGES.

NOVEMBER 21, 1891.

CASE OF GUNSHOT WOUND OF LEFT LEG: HÆMORRHAGE: COLLAPSE: INJECTION OF THREE PINTS OF SALINE FLUID: AMPUTATION BELOW KNEE: RECOVERY.

By R. J. PYE-SMITH, F.R.C.S., Surgeon to the Sheffield Public Hospital and Dispensary.

Harry W., aged 26, a carter in the service of the Duke of Norfolk, was brought to the Sheffield Public Hospital and Dispensary on September 25th, 1891, in consequence of a severe injury to the left leg, due to his having been accidentally shot by the discharge of a fowling-piece at a distance of two or three yards from him, whilst in a wood near Derwent Hall.

The shot entered the calf from the inner side, producing large lacerated wounds with compound comminuted fracture of tibia and fibula.

He bled profusely for half an hour before being got to the Hall, where a handkerchief bandage was tightly applied to the thigh by a priest, and he was sent in a cart to Sheffield, a distance of twelve miles.

He arrived about three hours after the accident, and was admitted under the care of my senior colleague, Dr. Keeling, in whose absence, and that of Mr. Thorpe, I was called to see him. (I have to thank Dr. Keeling, who was away on his holiday at the time, for leave to report the case, and Mr. Thorpe, who arrived at the Hospital half an hour after me, for having kindly left the case in my hands.)

When I first saw the patient he was much blanched and collapsed, with small, weak, and frequent pulse, and cold extremities. He was restless, and complained of pain and thirst. It was evident that the leg required amputation, but the patient seemed quite unfit to undergo such an operation, and I determined to try the injection of saline fluid before submitting him to it. Hot water bottles were applied to the body, and he was ordered a drachm of brandy with five minims of laudanum every half hour in an ounce of hot water.

An apparatus for infusing the solution was then improvised, consisting of a yard of India rubber tubing with a glass funnel at one end and a tapering metallic tube (a catheter wash-tube) at the other, and the solution was prepared by dissolving sodium chloride in hot water and straining it through muslin. The strength of the solution when used was a drachm to the pint, and the temperature, a little over 100° F.

Mr. Thorpe, now arriving, saw the case with me and agreed as to the necessity for the proposed treatment. Accordingly ether was administered and, the thigh being freed from bandages, I cut down on the internal saphenous vein below the knee at the level of the line for the proposed amputation flap. No great difficulty was experienced in finding the vein. inserting the tube and keeping the apparatus full of fluid, so as to exclude the entrance of air. No blood flowed from either end of the divided vein and it was not tied. The solution, however, would not flow into the vein in spite of the funnel being held as high as it would reach, nearly three feet above the patient. It was evident that more force was required than was afforded by so short a column of fluid. An enema syringe without joints (Ingram's patent) was therefore substituted for the glass funnel, and the India rubber tube was shortened. It was now easy to inject the fluid, and at each compression of the bulb the vein was seen to

stand out, collapsing again between each compression. A pint and a half of the saline fluid was slowly injected, with obvious improvement in the pulse, which had before become so feeble as at times to be scarcely perceptible.

An elastic bandage was now applied to the thigh, and the amputation, two inches below the knee was proceeded with; but when completed, although there had been scarcely any further loss of blood, the patient's condition was so alarming that I again exposed the vein by slitting up the skin over it, as the flaps had already been stitched together, and repeated the injection. Another pint and a half of fluid was injected, this time with still more obvious effect, for the pulse became most markedly fuller and less rapid, whilst the colour and fulness of the face were distinctly increased.

The patient soon rallied, took liquid nourishment readily, and in a few hours seemed out of immediate danger. The wound healed well and was quite closed in a month. The patient is now in good health and by no means anæmic.

I consider that his life was distinctly saved by the saline injections. His condition before the first of them was so serious as almost to preclude hope without some such treatment, and whilst he was on the operating table one of my colleagues twice asked if he were not dead.

Physical Society.

A meeting of the Physical Society was held on Saturday night last, when the chair was taken by Mr. Swayne.

Mr. Bligh read a paper on "The disappearance of air from the cavities, natural and potential, of the body." He began by describing the disappearance of air from such natural cavities as the lungs and alimentary canal, and dealt at some length with the theories of Gairdner and Lichtheim with respect to the collapse of an occluded lobule of pulmonary tissue when a bronchiole is plugged with mucus. He said he did not believe either that the mucous plug acted as a ball-valve, or that absorption by the blood vessels was the direct factor in absorbing the gases; absorption might remove most of the oxygen, but it would increase the amount of carbon dioxide and leave the nitrogen untouched. He felt sure that the elastic tendency of the lobule to retraction and the functional hypertrophy of the neighbouring lobules were the real causes of the absorption of the air.

In the alimentary canal, oxygen was readily absorbed, and air which was eructated was found on analysis to be mostly nitrogen and carbon dioxide.

In a case of pneumothorax, produced by a fractured rib, there was no doubt that absorption could not alone account for the gradual disappearance of the air introduced: the opposite lung would probably exert pressure upon the collapsed one, and thus on the air in the pleural cavity; again, in the violent respiratory efforts which the accompanying dyspnœa would necessitate, the air drawn into the partially collapsed lung would not entirely escape during the following expiration, owing to the falling together of the walls of the bronchioles which was known to take place in such cases. There would then be a powerful force in the lung itself which would tend to put pressure upon the air in the pleural cavity, and the adhesive nature of the layers of the pleura would tend to keep up this force by remaining together, and so preventing that part of the lung which had once expanded from again retracting. Might not also the falling in of the chest wall tend to lessen the size of the air space?

In surgical emphysema there was little doubt that the natural recoil of the elastic subcutaneous tissues was quite enough to account for the absorption of the air by the blood.

Mr. Lister congratulated Mr. Bligh, in fluent and high-toned words, upon the excellent paper he had read. The speaker then seemed somewhat at a loss for fresh expressions, and, twirling his moustache violently, he referred a little vacantly to Boyle's law and the football field, the latter remark coming in rather appropriately, as Messrs. Cooper and Thomas entered the theatre at that moment, looking decidedly better for their victory over Croydon.

Mr. Leathes said that, as a matter of fact, all the fluids of the body contained nitrogen in solution, and if exposed to the atmosphere, would not take up any more. He thought, however, that Mr. Bligh had left out one important factor, and that was the setting free of six litres of carbon dioxide daily during gastric fermentation: this would be an important nitrogen vacuum.

Mr. Hopkins thought that the absorption of air in the case of an occluded bronchiole was really a vital act, as it took place against pressure; and he said that the late Dr. Wooldridge seemed to have had this idea, as he had told him that he believed that the interchange of gases in respiration was due rather to some vital act of the cells.

Mr. W. S. Handley asked what the active forces were which expanded lung after collapse in pneumothorax; he thought that the hypertrophied lung, instead of acting as a force, would rather be in the way of expansion.

Mr. Bligh replied, and a vote of thanks to him, moved by Mr. Mackeson and seconded by Mr. Wakefield, was most heartily carried.

TO THE POET OF GUY'S HOSPITAL.

I thank thee, Poet, for thy generous verse,
And all the kindly words, thou'st shower'd on me.
Whilst memory lasts, I ever will rehearse
Those lines, that breathe such heart-felt sympathy.

In yon familiar haunts my spirit roams
Through the long wards where men 'gainst sickness strive,
Or in the charnel house its prying comes
To see how Iris cuts the thread of life.

And then it wanders through the colonnade
Into museum galleries, to gaze
On mortal parts embalmed the eye to aid
Whence sickness comes, and shew how man decays.

O happy thought! to feel one 's not alone,
But joined in heart by those in learning's quest.
O happier thought! to know I have my throne
In hearts I loved and where my memories rest.

S. W.

WOUND INOCULATION & ANTISEPTICS.

A Paper read before the Physical Society on Saturday, October 17th, 1891, by Mr. T. D. Lister.

Mr. President and Gentlemen,—On being honoured with an invitation to read a paper before this learned Society, I was for the moment in some doubt as to the choice of a subject on which to collect material to bring before you for discussion. But I was soon relieved of all trouble in this respect by being reminded by one of the Presidents that antiseptics had not recently been noticed here, and that, as I am happy in bearing the same name as one whose laurels won in this field of research will be green when germicides shall have disappeared from the face of the earth, therefore, it was my bounden duty to read about antiseptics.

Though scarcely seeing the reasoning, I accepted the inevitable, and leave the responsibility for my appearance here to-night on the shoulders of that, I fear, too persuasive President.

At first I would have liked to treat of antiseptics from the separate points of view of their external and internal applications, and have referred to Dr. Behring's recent very suggestive researches regarding the use of disinfectants subcutaneously in securing immunity, but I have taken the liberty of diminishing and altering the scope of the paper by limiting myself to one branch of the whole question, a short account of wound infection, or rather, inoculation and antiseptics.

The time that can be allotted to read an essay in this society naturally precludes anything like a complete account of either, but I trust to be able to put before you some of the chief points in wound inoculation, its etiology and prevention,—though, as we are yet scarcely past the threshold of the unknown,—entering, as it were, a new country where each advance in any particular direction leaves us still in doubt as to whether the ultimate exploration of the route chosen will be valuable or valueless, —I cannot presume to suggest many conclusions as to what is right or wrong in wound treatment.

Wounds may be inoculated either by mere carrion bacteria, nature's greatest scavengers, or by parasitic and disease-producing bacteria.

In the first case, the wound being inoculated by the carrion, or *saprophytic* bacteria, the condition produced is the true process of sepsis; the organisms are reproduced in dead matter, and do not attack the living tissues.

In the second case, the wound being inoculated by the parasitic and pathogenic bacteria, the condition produced may be either a *local* or *general infective process*. The organisms though at first, perhaps, they may multiply in dead matter in the wound, attack and multiply in the living tissues.

Ptomaines, and other products resulting from saprophytic vital activity, when absorbed from a septic wound, may so lower that indefinite resisting power of the tissues, known also as constitution, that the invasion of pathogenic organisms, or even of organisms not usually pathogenic for the animal that may be under observation, is rendered easy or possible. At the same time excessive discharge, due to septic irritation, may have afforded a soil for the multiplication of such pathogenic bacteria as may have been admitted at the time of inoculation.

The septic organisms are often the pioneers of the infective, and to prevent sepsis therefore is a great deal towards preventing the graver condition, an infective process.

The results of septic wound inoculation are *both* local and general. The local effects are the suppuration or inflammation due to the irritation caused by the chemical products of the metabolism of the septic microorganisms. The general effects depend on the absorption of these chemical products, and take the form of febrile disturbances. The classical names for these general effects are *septic traumatic fever*, *hectic fever*, *and sapræmia*.

The result of infective wound inoculation is either a local or general process. In the local process the bacteria spread from the wound into the surrounding tissues, to different distances and by different channels, varying with the specific infection. The classical local infective diseases of wounds are *cutaneous* and *phlegmonious erysipelas*, *wound diphtheria*, *hospital gangrene*, and *emphysematous gangrene*. To these may be added *infective suppuration*. In the general process, the bacteria spread from the wound into the adjacent blood vessels, and multiply in the blood stream, so that living organisms are carried to every part of the body. Probably any infective disease can be introduced through a wound, but those more usually met with as the result of wound inoculation are *pyæmia* and *septicæmia*. Others which usually enter through a wound, giving rise to a more or less general infective process are *glanders*, *hydrophobia*, *anthrax*, and *tetanus*.

Starting then, with some foundation notion of the septic and infective processes resulting from wound inoculation, the questions that suggest themselves to me are four.

1. What is generally known about the responsible organisms?

2. How does nature supply checks on the increase of the bacterial population, in or out of the body?

3. How may these organisms be conveyed to a wound?

4. What can art do to aid nature in antisepsis and disinfection?

What are the bacteria of sepsis and infection?

In septic discharges derived from the human body both spherical and rod shaped non-infective bacteria have been observed.

Two definite micrococci were isolated by Passet—a micrococcus cereus albus, and flavus. They were obtained from pus, but possessed no pyogenic properties.

Koch found some micrococci, generally arranged in fours, in early conditions of putrescence of wound secretions. These are not yet fully investigated.

Mr. Walter Cheyne, soon after filling the office of house-surgeon to Mr. Joseph Lister, published a paper in the Pathological Society's Transactions for 1879, in which he concludes that the micrococci found in wounds treated by the Listerian system, then fifteen years old, were not pathogenic. The forms observed by him were probably some of these septic cocci, since isolated.

The *bacilli* of sepsis are a much more numerous and complex class. Some have been shown to be without pathogenic properties, others have either not yet been tested, or have not yet certainly been proved to be without such powers.

The organism of blue pus, *Bacillus pyocyaneus*, is apparently a perfectly harmless inhabitant of wounds. The colouring matter is, however, chemically related to the ptomaines.

The more important septic bacilli are the exceedingly common causes of putrefaction, which split up the albuminous molecule, developing gaseous foul smelling products. In putrefying mixtures, nitrogenous bases arise under the influence of the bacteria present, which are in many instances similar to the vegetable alkaloids. Some of these are innocuous, others toxic, in their effects on the higher animals. They were named the ptomaines by Selmi, from their occurrence in human dead bodies.

The term is retained although such substances are found also as the result of the tissue-change of the pathogenic bacteria, growing in the living body.

Brieger, in Berlin, has isolated numerous ptomaines, from putrefying materials, and from pure cultivations. A number of questions remain to be answered in regard to these alkaloids. It would be of great importance to learn how far they are formed in the same quantity and with the same poisonous qualities by different bacteria. Researches to this end are being made by Henrigan in Pflügge's laboratory at Gottingen and others, but in the present state of our knowledge we can but regard all putrefactive bacteria as equally dangerous in wound inoculation.

The following bacilli may be mentioned here as having considerable power in splitting up albumen.

Passet's "*B. pyogenes fœtidus*," obtained from foul abscess pus. Small doses subcutaneously do not affect animals. Larger doses are slightly toxic and produce suppuration (possibly chemical in origin.)

Rosenbach's three *B. Saprogenes*, obtained, firstly from foul discharges; secondly from sweaty feet; and thirdly from bone suppuration. The first produced no effect on rabbits or dogs; the second caused fatal suppurations when injected into serous cavities; and the third caused slight suppuration.

Hauser's *Proteus vulgaris* found in putrid ulcers, and all putrefying meat infusions. Small doses produced no effect on animals. Larger doses produced slight abscesses at the seat of inoculation, and still larger doses produced toxœmia in rabbits and guinea-pigs. The same results were obtained with cultivations filtered through plaster of Paris, and hence were certainly due to liquid poisons.

These, and some other putrefactive bacilli, are aërobic, *i.e.*, develop in the presence of oxygen = as a result, Co_2, H, and other gases replace oxygen in the nutrient medium. The condition is then established for a second series of bacilli to develop—the anaërobic. These have not yet been fully investigated, but they cause liquefaction of gelatine and develop foul smelling gases.

A septic wound, then, may be in mild cases the home of micrococci, some of which chiefly occur in early putrefactive conditions; or it may be a harbour for the bacilli of decomposition; first aërobic, then anaërobic. causing the foulest putrefactive changes in the fluids. The bases occur chiefly in the commencing stage of putrefaction. Brieger found, however, that in the slow putrefaction of human tissues no alkaloids were obtained during the first few days. It has been observed that some sensitive pathogenic bacteria rapidly die, when saprophytes are grown in the same medium, but this observation has not yet any practical application.

We may explain the general conditions resulting from septic inoculation—

1. *Septic traumatic fever*, as due to the absorption of small doses of ptomaines, generally on account of incomplete drainage, and terminating about the sixth day, when granulations are fully established.

2. *Sapræmia*, as due to the absorption of large doses of ptomaines from large, ragged, foul, badly drained wounds, or wounds of serous and synovial cavities.

3. *Hectic fever*, as due to the continued absorption of small doses.

Pflügge sums up the powers of action of the septic bacteria by saying, "*It is only when they can develop* in large numbers, and are not removed from time to time, that the production of ptomaines is so marked that injury to the host ensues."

Passing from the bacteria of sepsis to those causing infective processes after wound inoculation, we enter on the consideration of organisms whose clinical effects are much more individually marked.

It will, I think, be best therefore to give some description of the bacteria causing each distinct infective process, under the heading of the specific disease.

Infective suppuration depends on the presence of micrococci, either mass-forming or chain-forming.

The mass-forming, or staphylococci, are the *staphylococcus pyogenes aureus*, *citreus* and *albus*. The staphylococcus aureus, discovered by Ogston (*British Medical Journal*, March, 1881), and first cultivated by Rosenbach, is found as the commonest cause of pus-formation,—occurring in nearly all the cases of suppuration seen in practice, in abscesses (glandular or local), boils, acute osteo-myelitis, empyema, and sometimes in pyæmia and ulcerative endocarditis.

Garré has published a paper at Berlin in 1885, proving conclusively the pyogenic nature of this organism in man.

"In May, 1883," he says, "the left arm was rubbed with the whole cultivation from a case of osteomyelitis. The right arm was rubbed at the same time with sterile

jelly. In six hours there was a burning sensation over the cultivation inunction, rapidly becoming intense and disagreeable. In ten hours pustules had appeared about size of pin's head. In 24 hours the pustules were as big as lentils, with surrounding circles of inflammation. Cultivations were taken from the pustules at this time. The burning sensation had given place to shooting pain of the whole fore-arm; more than twenty pustules had appeared, each forming the centre of a conical inflammation. The affair began to get unpleasant, and I attempted to cut it short by pricking and washing out with $\frac{1}{1000}$ solution of sublimate. The attempt was not successful, and in four days we had the typical picture of an enormous carbuncle, the periphery surrounded by a ring of isolated furuncles. It was accompanied by pain, sleeplessness, fever, and enlargement of the axillary glands. Between the sixth and seventh days the process had reached its height. From more than twenty openings pus escaped, and necrotic plugs and portions of connective tissue separated, aided by perchloride compresses. On the eighth day more cultivations were made from the depth of the wound. In three weeks the suppuration had ended, except some neighbouring furuncles, and at the present time, two years later, only seventeen scars remain. The cultivations all gave pure growths of staphylococcus aureus."

It is probable that staphylococcus py. aureus produces irritating poisoning substances, but Brieger has found that a base isolated from it, when grown in meat infusion, is not a ptomaine, nor is it poisonous. Subcutaneous injections of this organism into animals produce either local suppurations, or pyæmia.

The chain-forming *Streptococcus pyogenes* is indistinguishable except by inoculation experiments from that of erysipelas and some others. It is found in about 50 per cent. of the cases of human suppuration, and has been found as the only organism present in some severe suppurative affections, in spreading gangrene, and in several cases of pyæmia.

It does not cause such rapid suppuration and destruction of the tissue as the staphylococcus, but it can penetrate deeper and infiltrate the living tissues further, before suppuration and destruction occur.

On injection into animals, no effect is generally produced unless they be artifically weakened, when, according to Wyssokowitch's experiments, they die of ulcerative endocarditis.

A third micrococcus was found by Rosenbach in 10 per cent. of his cases, the pyogenes tenuis.

Fränkel's pneumococcus, the most frequently occurring organism in pneumonia, has recently been found as the only bacterium present in some cases of suppuration.

Erysipelas.—The streptococcus erysipelatosus has been definitely proved by Fehleisen, at Berlin, to be the causal exciting agent of erysipelas, though it had been observed by Ogston microscopically. It is indistinguishable except by inoculation methods from the pyogenic streptococcus.

As 50 per cent. of the cases of suppuration contain the pyogenic streptococcus and the streptococcus erysipelatosus when cultivated through thirty generations always reproduces typical erysipelas, it is difficult to see how they can be identical. The confirmatory experiments were made as a therapeutic measure on patients suffering from malignant tumours. The incubation period varied from 15 to 60 hours. The period of immunity conferred was short, varying from a few weeks up to nearly a year.

In Fehleisen's paper he shows that these micrococci cause the disease by spreading in the cutaneous lymph spaces. Erysipelas is not easily artificially produced except from a pure cultivation. Infection from man to man, therefore, is not a great danger. The bacteria which have entered the body perish as fast as they are produced.

A 3 per cent. carbolic solution, according to Fehleisen, destroys the erysipelas cocci in 45 seconds, when applied by a method favourable to the action of the antiseptic.

Phlegmonous erysipelas is due to inoculation by the streptococcus pyogenes; rarely it is accompanied by the staphylococcus. Rosenbach, in a paper translated by Watson Cheyne in 1886, gives numerous cases in which it was shewn that the destroyed tissues contained pure cultivations of the streptococcus. He confirms Fehleisen's observations, saying that one cannot for a moment suppose that the cocci of pus can cause erysipelas, or that the erysipelas cocci can cause suppuration. "But," he goes on, "some observations that I have made lead me to suppose that the streptococcus pyogenes readily associates itself with erysipelas, and penetrates into the body, and so may cause suppuration beneath skin affected with erysipelas, or indeed general affections with metastases and pyæmia."

Hospital gangrene has also been shown by Rosenbach to be due to this same virulent streptococcus. Pure cultivations were obtained from two typical cases examined. In the tissue attacked, but still alive, he says, one finds coccus beside coccus, chain beside chain, giving identical cultivations with those obtained from abscesses and producing identical effects when inoculated into animals. No other organism could be seen or cultivated.

Emphysematous gangrene, or malignant œdema, bears however no relation to micrococci, but is a specific disease arising from an infective earth bacillus, which Rosenbach described microscopically but was unable to cultivate. The reason of his failure was that these bacilli are markedly averse to oxygen, and Hesse has shown that they are easily cultivated under favourable conditions. The bacilli, which are mobile, form threads of long and short segments, and often grow spores. The identity of emphysematous gangrene and malignant œdema has been repeatedly confirmed by cultivation and inoculation. The bacillus is very widely distributed, but the dose required is considerable. Hence it is chiefly observed in compound fractures, or deep wounds into which earth, or other material containing the bacilli, has passed. Rosenbach describes two cases following one on a compound fracture, and the other on a deep surgical wound of the axilla.

Wound diphtheria.—Arising invariably in wounds accompanied by decomposition, is the name given to a micrococcal infection, favoured by a local want of cleanliness *e.g.*, urine trickling over the wound. It is a condition closely allied to hospital gangrene, though not so infective or dangerous, and has no relation to true diphtheria.

Pyæmia, of which disease Rosenbach examined six cases, five fatal, and one recovering, is due to the pyogenic cocci.

In one, both streptococci and staphylococci were found, the streptococci being much the most numerous. In another, the only recovery, the staphylococcus alone was found. For the deaths of all the other four, the streptococcus was responsible, and was obtained as a pure cultivation from the blood, joints, and pleura during life, and the kidneys and elsewhere post mortem. He concludes, therefore, that under unknown conditions in man, this organism can take on such pernicious diablastic properties that it approaches bacillus anthracis in its virulence, that it occasions nearly all malignant forms of metastatic pyæmia, and that, in the case of staphylococcus, a much greater quantity must pass directly into the blood, as for example, in cases of osteomyelitis, where the pus, full of cocci, may be pressed directly into the veins of the bone medalla.

Of *septicaemia* in man, but little is known, except that it is an infectious disease due to inoculation with some virus, which probably multiplies in the blood. It may often be accompanied by simple sepsis. The presence of organisms in the blood has been observed in many cases of septicæmia. Koch has succeeded in producing an infective disease in rabbits, starting with the injection of putrefactive fluids, and obtaining in the blood of the animal a pure cultivation of a short rod-shaped bacillus. The minutest portion of a test tube culture of this bacillus, inoculated, even by a prick of the cornea, into a rabbit, causes symptoms of blood poisoning, and death with a few convulsions in 16 to 20 hours. The spleen and lymphatics are enlarged; the characteristic rods are found equally distributed through the blood. He has also isolated a bacillus of mouse septicaemia, causing death in 40-60 hours, in a characteristic attitude, the animal sitting quietly with its back arched, till death occurs. On post-mortem examination, there is considerable swelling of the spleen, but no further alteration. Delicate bacilli are present in the neighbourhood of the inoculation, in all the blood vessels, and more especially in the capillaries of the kidneys and spleen. The minutest trace will always set up this same fatal disease in mice.

Glanders.—The etiology of this disease was cleared up by Lœffler and Schültz in 1887. The bacilli are thin rods resembling those of tubercle. They are best found in fresh nodules not yet ulcerated. More recent researches by Lœffler show that spore formation probably does not occur in glanders. Typical glanders is reproduced from repeated cultivations. The most susceptible animals, and hence, those most useful for diagnosis are, according to Molkentein and Grünwald, young dogs. According to Dr. Washbourn, in his paper on glanders, in the Hospital Reports, field mice are the most suitable.

Malignant pustule, or anthrax is definitely worked out as a specific infective disease, and the easy cultivation of its bacillus and spores makes it the constant prey of the experimentalist in antiseptics. It is a rod about $\frac{1}{50}$th of a millimetre in length or less, which divides to form long threads. It forms spores as highly refracting granules at regular intervals in the rod, the threads gradually dissolving.

It always produces anthrax, when introduced even in minimal doses into living animals or man, which either takes the form of local symptoms, or appears as a septicæmia rapidly ending fatally. It never forms spores in the living body. Its virulence has been artificially attenuated, by Pasteur, using moderately, either high temperatures or small doses of poisonous substances.

In tetanus, Nicolaier, at Göttingen, has demonstrated bacilli bearing spores at one end, giving the organism the name of the "drumstick" bacillus. It is an earth anærobe. Heating to 190° C. specimens of earth containing the bacillus, prevented the occurrence of tetanus on introduction of the material under the skin of mice. The disease could be transmitted from animal to animal by the inoculation of a very small dose of the pus from an originally earth-infected wound. Human tetanus has been transmitted to animals by Carlo and Rattone, the disease produced being indentical with that of Nicolaier. The bacilli occur at the seat of inoculation and suppuration. Kitasato has made pure cultivations of the tetanus bacillus, which, when inoculated into mice, produces typical tetanus. No organism of hydrophobia has as yet been demonstrated.

Among the infective diseases, then, staphylococcus pyogenes aureus accounts for most cases of suppuration, streptococcus pyogenes for some severe suppurative conditions, hospital gangrene, and pyæmia, streptococcus erysipelatosus for erysipelas, specific bacilli for emphysematous gangrene, glanders, and anthrax. And in the instances of septicæmia and hydrophobia, the definite organism is either not yet discovered, or not yet fully established. According to Koch, probably septicæmia is not a definite infective disease, but is the name of a group of different diseases depending on the presence of different organisms, or on the simultaneous parasitic development of several varities.

Passing on from the consideration of the organisms causing infective diseases of wounds, to the general means supplied by nature to check the multiplication of pathogenic bacteria in or out of a wound—that is to say, what external conditions may render inoculation, and what internal conditions may render infection, difficult—we may notice first of all that the rôle of these fungi is to supply rapidly the simple nutrient materials to the chlorophyllous plants, breaking down previously formed organic substances. Hence they can only grow in dead organic matter, rich in carbon and nitrogen, especially on dead plants and animals—or as parasites, withdrawing

from their hosts the substances necessary for their life and growth. What would be a dangerous gap in the constant regeneration of nature is made good by these organisms, and their existence as parasites is only a slight alteration of their function.

From this consideration it appears that the conditions of life of many of these fungi must be found where dead organic matter exists in nature. The micro-cocci of erysipelas, the bacilli of glanders, will grow on potatoes at the ordinary temperatures.

All bacteria have their favourite modes of existence, and hence are very variously affected by external circumstances, and a combination of disagreeables may make their destruction more readily attained. Young individuals in a colony are more resistant to, and spores are unaffected by, means which destroy the adult organism.

In external conditions death of the bacteria may occur when the nutrient materials are exhausted, or when the withdrawal of some material important for life, and the consequent state of latent life are continued for too long. Spores are very probably able to survive in a latent condition for hundreds of years. Non-spore bearing bacilli and micrococci and numerous parasitlc fungi are most sensitive in this respect. Staphylococcus aureus is however resistant.

Another mode of destruction playing a large part in nature's methods is the withdrawal of water. All bacteria not forming resting spores die of thirst in a relatively short period. Streptococci are very sensitive to drying. The influence of cold temperatures is at the utmost simply that of suspension of reproductive activity.

In the case of many of the parasitic bacteria, their existence *in the external world* is rendered more especially difficult, because they are, for the most part, dainty as to their nutriment, require a favourable temperature, and are often very sensitive to alterations in their nutritive substrata, and to the amount of water present. Like other aristocrats, they are rapidly exterminated if they encroach on the liberties of the common herd: the saprophytes growing much more quickly under the conditions of life found in our surroundings are a frequent cause of their disappearance. Spores are most easily preserved, and may persist unaltered in a dry condition, or in exhausted nutrient media.

Preservation may occur when spores are absent, if the life of saprophytes is rendered difficult by low temperatures and also in porous and moderately moist soil.

The chief internal condition which causes retardation of the multiplication of bacteria, or destruction of non-pathogenic organisms when introduced into the blood, is the influence of the endothelial cells of the capillaries in which bacteria may have been fixed. Bacteria, both saprophytic and pathogenic, when injected into the blood of warm blooded animals, have been shown by Wyssokowitch to be, in the first place, rapidly eliminated from the circulation, as was formerly shown in the case of particles of colouring matter. They adhere to the walls of the capillaries of various organs, chiefly those where the blood-flow is slow, or are taken up into the endothelial cells. They are found in largest numbers in the liver, spleen, and medulla of bone. Typical saprophytes die at the seat of deposit within a few hours; bacteria which are pathogenic only for other species, within 24—48 hours. The spores of some saprophytes play the part of completely indifferent foreign elements, and were found capable of development, after three months in the endothelial cells of the spleen and liver capillaries.

Metschnicoff showed that, in experiments with a yeast parasite of dophni, and experiments with anthrax bacilli on frogs, bacteria are taken up leucocytes, and are gradually destroyed by them. He has made similar observations in rabbits and guinea-pigs. Wyssokowitch made control investigations, and showed that, when large quantities of parasitic or saprophytic bateria were introduced into warm-blooded animals, they were not taken up by the leucocytes; and that only some specific forms were found at all constantly in the leucocytes; in which case, from all appearances, it was the leucocytes which were attacked. Hence, he concluded that they play little or no part in warm-blooded animals—and we may suppose that, in the whole campaign, the influence of the leucocytes is as little as that of the Light Brigade in the Crimea. They have recently found their Tennyson in the columns of our GAZETTE.

The living cells are the seat where the body carries on the battle with the invading bacteria, where the saprophytes are destroyed, and where the parasitic bacteria gain the victory.

(To be continued.)

APPOINTMENTS.

DURHAM, A. ELLIS, M.A., M.B., B.C., Cantab., has been appointed Resident Clinical Assistant to the Bethlem Hospital, S.E., *vice* E. Distin, M.R.C.S., L.R.C.P.

HALL, FREDERICK WILLIAM, M.B., B.S., L.R.C.P., Lond., M.R.C.S., Eng., has been appointed Resident Medical Attendant to the Eastern Counties Asylum for Idiots, *vice* J. Lloyd Roberts, M.D., B.A., B.Sc., Lond.

LUND, HERBERT, M.B., B.C., Camb., F.R.C.S., has been appointed Assistant Surgeon to the Royal Hospital, Salford, *vice* Stocks, resigned.

WATSON, WILLIAM, M.R.C.S., Eng., L.S.A., has been appointed Medical Officer of Health to the Rochester Town Council.

COMMUNICATIONS, BOOKS FOR REVIEW, ETC.

Communications, &c., received from:—Messrs. H. J. Pye-Smith; F. T.; J. Pendlebury; A. J. C.; A Nurse; G. T. Birdwood; H. E. Crook; J. MacIlwaine; H. Collier; J. Thorne.

The following books have been received:—The Sputum, Vomit, Urine and Blood, by Sidney Coupland (Messrs. Lewis & Son); Outlines of Practical Physiological Chemistry, by F. C. Larkin and Randle Leigh (Messrs. Lewis & Son); Modern Materia Medica, by H. Helbring, F.C.S.; Annual Report of Metropolitan Asylums Board.

Passim.

We have again had to increase the size of the Gazette, owing to the amount of important material at hand for publication.

The first debate of the session 1891-92, will take place at the next meeting of the Physical Society, on Saturday, November 28th, when the following proposition will be brought forward :

"That this Society is of opinion that Woman should have every facility given her for entering the Medical Profession."

The meeting will take place in the Smoking Room of the Club, at eight o'clock.

The Club Committee have very kindly consented to allow this experiment to be made, and the Presidents of the Physical Society hope that the attendance will be much increased, in which case they will ask the Club Committee to allow the meetings of the Society always to take place in the Club.

We desire to call attention to a letter we print this week from "A Frantic Final College Candidate." Perhaps he puts the matter a little strongly, but we are nevertheless assured by several men, that his cry of agony is a true one, and we can but emphasize his entreaty and beg the first year's men to leave the out-patients alone until they have passed their second college; although, as we must point out to our correspondent, they have a perfect right to be there if they have taken out their perpetual ticket. It is bad form, however, on their part.

The next Smoking Concert will take place on Saturday, December 4th.

We are sorry to hear the St. Thomas's Gazette is in such a bad way pecuniarily. We proffer our condolences and hope to have better news with the New Year.

The next Nursing Concert will take place on Tuesday evening, November 24th.

We are sorry to say we have received two anonymous letters, on the subject of Hospital etiquette, which are totally unfit for publication; we are inclined to believe that the writers have been rather hardly dealt with, but their display of temper does not do them credit.

A Bazaar is taking place to-day, at the Hampstead Vestry Hall, at which Guy's is well represented. The more the merrier however.

The Bradshaw Lecture will be delivered by Dr. Allchin on Thursday, November 26th, at 5 o'clock, the subject of which is "Duodenal Indigestion."

We understand that the contract for laying out the ground at Honor Oak Park, has been given to Mr. Apted, for many years the groundman at Bickley Cricket Club, now the factotum at Kennington Oval. He speaks very highly of the capabilities of the land and prophecies for us a first-rate cricket pitch for next summer. That he is to do the work, is a guarantee that it will be done well.

The elections for the first Council of the Clubs' Union have now all been decided, and we must congratulate the electors on their choice, and feel sure that the general body of students will have every confidence that their interests will be well looked after. The names of the successful candidates are Messrs. H. Cooper, W. H. Fisher, W. Skinner, J. Shorland, J. B. Leathes and A. M. Daldy. The representatives of the Staff upon the Council are Mr. Durham, Dr. Taylor, Mr. Brailey, Dr. Pitt, Dr. Shaw, and Mr. Fripp. We wish the Council success in its somewhat difficult labours, and assure it of the cordial support of all Guy's men.

Mr. John Duffit has been appointed Assistant Demonstrator of Anatomy, *vice* Mr. F. W. Hall, resigned.

MR. HALL has been appointed Assistant Medical Officer at the Asylum for Idiots, at Colchester, a post long the perquisite of Guy's men.

THE Club has been in luck lately, for it has received several gifts from well-wishers. To wit, a large hanging map of London, from Messrs. Phillip of Liverpool, a fine eight-fold screen for the smoking room from Mr. Durham, the energetic President of the Club, and pictures from Dr. Samways and Mr. Howell, the latter a Swansea well-wisher of Guy's. This, we hope, will induce other friends to contribute articles of use and elegance to fit and adorn our Club.

DR. J. A. WARD, Assistant Medical Officer of St. George's-in-the-East Workhouse and Infirmary, on the occasion of his leaving to hold a similar appointment at Chelsea Infirmary, was presented by the Officers and Staff of the Workhouse, with a handsome Gladstone fitted toilet travelling bag, and a case of cigars, and by the Officials of the Workhouse with a laryngoscope, a surgeon's pocket-knife and a set of probes; unanimous testimony being borne to his courtesy and skill.

A MEMORIAL TO THE LATE DR. WOOLDRIDGE.

A meeting was held last week to raise a memorial to the late Leonard Charles Wooldridge, M.D., D.Sc., for some time Assistant Physician to the Hospital, and Demonstrator of Physiology. Dr. Pye-Smith, who presided, said that he had willingly agreed to take the chair at the meeting, for he had known Dr. Wooldridge well, and had been unusually interested in him. He had known him as a student, and when he had come to work in the Physiological laboratories he had been so struck by his usefulness and wonderful talents for research in physiology that he had advised him to go and study for a while at Leipzic, and had introduced him to Professor Ludwig. He came back to England and took the degree of Doctor of Science, and was elected on the staff of the Hospital. He received the honour of being asked to deliver the Croonian Lectures, and had already contributed to the proceedings of the Royal Society. His sudden death had taken away from them a man of the greatest worth, and it was most fitting that a memorial to him should be raised by the Hospital in which he had worked so well. The sum of money which was left over from the wreath subscription would form a nucleus, and he proposed that the subscription list be limited to past and present students of the Hospital.

Mr. Golding-Bird in a few words spoke of Dr. Wooldridge's work when associated with him in the Physiological laboratories, and proposed the following names as a committee to carry out the necessary arrangements, Dr. Pye-Smith (Chairman), Dr. Hale White, Dr. Washbourn, Dr. Starling, Mr. Tubby, Mr. Sharp and Mr. Mackeson. This was seconded by Mr. Bligh and carried unanimously.

Mr. Mackeson was appointed Honorary Secretary, and subscriptions may be sent him at the Hospital, and will be acknowledged in GUY'S GAZETTE.

The form the Memorial will take, entirely depends on the sum of money available.

The following sums were received before the meeting took place:—

Balance of wreath fund (per C. H. Wells)	£5	15	0
Mr. J. P. Pendlebury	1	1	0
Mr. R. J. Pye-Smith	0	10	6

PARDIN BEARDED PARD!

[In view of the epidemic (or epizootic?) which has recently been raging, the following extract from an antique MS. (hitherto unpublished) may be not without interest.]

"*Touch-hone.* . . . . . As thus—I did dislike the growth about a certain student's face: he sent me word that if I said his beard was not grown well, he was in the mind that it was—when thus it is called the Chin Unshaven. If I sent him word again, it was not well grown, he would say he grew it to please himself—when thus 'tis called the Beardlet Stubbly. If again, it grew still more, he disabled his good looks—when thus 'tis called the Semigrowth Grizzly. If again, it grew still more, he would answer he had had it trimmed—when thus 'tis called the Scrubbing-Brush Symmetrical. If again, it grew still more, he might say, 'What cheer! Envy!'—when thus 'tis called the Attraction Capillary. And so to the Growth with Consequence, and the Beard Patriarchal. . . . . All these you may avoid except the last with soap and razor; and you may avoid that too with a scissor.

"I have known when seven students made holiday and tried to pick up a beard, when one of them but thought upon a 'scrape.'

"When they lathered chins and swept clean:
Your 'scrape' the only matchless cleanser.
Much virtue in 'scrape'! . . . . . ."

—SHAVESBEARD: *As you don't like it*, Act III., Obscene ii.

GYMNOSTOM.

VOCES POPULI.

SCENE—"THE SURGERY." TIME, 12 NOON.

(*Surgery crowded. Lady from Cork in the chair, with a scalp wound; all dressers busy.*)

Irish Lady—Give us a chaunce, guvenor, you're a cutting all my 'air off.

Dresser—Alright Mrs., must get this clean.

I.L.—I believe as 'ow you wishes to 'ave a lock.

Gent. (her Husband)—Alright Sally, keep your 'air on, and let the genleman attend to yer properly and (*chuckling*), maybe you'll let 'im 'ave a lock if he does it up noice. (Borough wit).

New Dresser to an H. S.—I say. *H. S.*—Sir! to you.

N. D.—How long do you keep up a fractured femur?

H. S.—Oh! you're one of the new dressers, are you? You evidently want a lot of instruction. Look here, I won't have you going off to footer too often, you'll just all have to buck up this afternoon, you know he likes us all to be smart.

Old Dresser (*just off*)—That's right, you keep them up to the old form.

H. S.—Why I would sooner cut my throat first: none of your lot know even how to put on a Croft decently.

O. D.—Then you will be spared to us a jolly long time to come, unless you're born to be hung. I should not have thought you would have said that about the old firm though, especially in public.

Another O. D.—It's alright, old chap, you know his way, he has a touch of liver this morning, and feels a bit seedy you know.

Enter an accident (crushed toe) on a chair.

Dresser—Tell us how it all happened; who saw the accident?

1st Gent.—Well, as I was a telling you of, only this 'ere block won't let me get in a word hedgeways, as I was coming down the Boro' me and my Mrs. 'ad just left the 'ouse, and we thought as 'ow——

2nd Gent. (very emphatic)—It was just this wise, 'e comes along with his —— —— barrow (strong epithets) and I comes with my —— —— (more strong epithets) barrow, and 'e, not looking ahead as 'e ought to 'ave done, 'e runs into me and then goes for to use language as I wouldn't repeat before genlemen—(after using very strong language himself.)

Another Dresser (from behind)—Get out "Jack." What do you want in here at this hour? You have already been treated up this end; you ought to be down at Maze Pond end.

2nd Dresser—I suppose you mean for Physiological purposes.

1st Dresser—That's about all he's fit for (exit "Jack" very rapidly—marvellous sagacity. We since hear "Jack" has left the Hospital).

Enter a Nurse (bustling about)—Oh, have you seen Mr.——; Oh, I forget his name—one of the Assistant Surgeon's Dressers? There's been a case waiting here more than an hour for him, and here's the Surgery crowded up—and one doesn't know where to turn—dear me. I wish these dressers would turn up in time. (*Hurries out again*).

Fond Mother (to her little boy—her son and heir)—Doctor ain't going to 'urt you, 'Arry.

Lady Friend—It be mostly froight. Lor' love your little 'eart, 'e ain't going to 'urt you, my dear. (*Small abscess is opened and 'Arry yells fit to knock the place down*).

Fond Mother (on receipt of dressing)—Say thank you to the kind doctor, 'Arry: I always believes in Guy's 'Auspital, I do 'Arriet; I always says "Good old Guy's 'Auspital." *Exit.*

B.

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING OCTOBER, 1891.

Gold Fillings	234
Amalgam ,, ...	131
Osteo ,, ...	119
Perm. G.P. ,, ...	21
Artificial Crowns	9
Scalings	25
Dressings	173
Attendances for Mechanical Appliances	47
,, Extractions under Anæsthetics ...	321
,, ,, without ,, ...	429
Advice	58
Total	1567

PASS LIST.

L. D. S. EXAMINATION.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

F. W. Ta'Bois, junior.

UNIVERSITY OF LONDON.

FINAL EXAMINATION IN MEDICINE.

FIRST DIVISION.

T. B. P. Davies.	A. T. Rake.
H. Hodgson.	A. S. Wohlmann.
B. W. Hogarth.	J. Young.

SECOND DIVISION.

C. E. Salter.	A. E. Tebb.
F. P. Sarjant.	A. Thomas.

We have not yet received the official list from the University, and therefore can only publish a provisional one, and should be glad to hear from any whose name is omitted or wrongly placed.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

JUNIOR STUDENTS AT OUT-PATIENTS.

DEAR SIR,—Cannot something be done to stop the influx of first and second year's students to out-patients, especially on Thursday and Saturday. They can do but little good to themselves by being there, and they interfere with the teaching of those who will soon be up for their final examinations. In fact, they make themselves a regular nuisance. Will you be kind enough to suggest to them in your valuable paper that anatomy is being asked more than ever at the college, and that they cannot do better than stick to the dissecting room for a little while, at any rate till I am through, for as sure as they continue to crowd the out-patient rooms on Thursday, so surely shall I get referred for six months in January.—Yours truly,

A FRANTIC FINAL COLLEGE CANDIDATE.

A CORRECTION.

SIR,—May I be allowed to call attention to a slight error in your report of my description of Mr. Davies-Colley's procedure in operating for ectopia vesicæ? He did not, like Trendelenburg, raise the skin from the margin of the bladder and then suture the edges of the raised skin together over the bladder, but freshened the skin round the upper margin of the bladder—removing it for a distance of $\frac{1}{4}$ in. from the bladder—and then brought the freshened surfaces together with button sutures.—I am, Sir, your obedient servant,

C. C. ELLIOTT.

THE L.D.S. EXAMINATION.

DEAR SIR,—As it might be interesting to readers of your journal to know the class of questions asked at the *viva voce* part of the Final Examination for the L.D.S. England, I hereby append a few which were asked at the examination just concluded.

In General Anatomy, I was asked the difference between arterial and venous blood; what evidence I could adduce which would prove the circulation; the course of circulation from the right auricle to the left ventricle, and the action of the valves. Then the difference in inspired and expired air, and the effect of nitrous oxide gas on the blood generally. I was shown a vertical section of the head and neck, and asked to name the various structures pointed out to me by the Examiner.

In General Surgery, I was asked the different kinds of nasal polypi, their chief sites and treatment; also what was erysipelas—the character of the eruption, cause and general symptoms.

In Dental Anatomy, I was asked the character and formula for the teeth of insectivora and that of carnivora, the peculiarity of the incisor tooth of the horse, and when the "mark" disappeared; also what I understood by the term "sexual tooth," and to give examples.

In Dental Surgery, I was handed several plaster casts of cleft palates, and asked to say whether they were "congenital" or "acquired"; also what structures I should notice above the perforation in a hard palate, the various affections of the pulp their treatment, and the diagnosis between polypus of the pulp and that of the gum; also what I knew of intrinsic calcification of the pulp, &c.—Yours faithfully,

FRED. W. TA'BOIS, JUNR.

THE HOLLAND FROCK COAT.

DEAR SIR,—I read with much interest in the last number of the GUY'S HOSPITAL GAZETTE a note that three men "had donned Holland Frock Coats." I sincerely hope that this remark was intended as an encouragement to other dressers to go and do likewise. After an absence of twelve years, a few months since I revisited the operating theatre, and I must say I was disappointed in some things I saw. I have ever kept up my interest in my old Hospital, and as a regular reader of the GAZETTE have rejoiced in observing the progressive spirit that pervades the School and the Hospital generally. To my astonishment, therefore, I found that in some of the adjuncts of the operating theatre Guy's has evidently stood still; and to stand still in these days of advancing science is surely to retrograde.

Notwithstanding the perfection in the technique of operative surgery, especially of that part which more particularly pertains to the antisepticity of the case, I noticed that the dressers wore old dressing coats, bearing on the blood and worse! stained sleeves the marks of many a combat with abscess, necrosis and other pus generating diseases. And—tell it not in Gath—I almost fancied that the operator himself was arrayed in a coat, a veritable patriarch in its sanguinary encounters in the operating arena.

Does not our extended experience and knowledge of antiseptic surgery teach us that it is not so much the destruction of the morbific particles in a wound as the prevention of their entrance that should be the aim of an aseptic surgeon? When I was visiting Vienna a few years ago, I noticed that all the assistants and dressers in Billroth's clinic wore holland coats, and I thought that it was a custom that might well be followed at Guy's. I know it is difficult for young men to do anything, and much more to appear in anything, that has not been the custom, but I think Messrs. Hamilton, Daldy and Turner are to be congratulated on being the first to initiate so important a reform in aseptic surgery.—I am, yours faithfully,

AN OLD H.S.

[We are sorry to say that the Holland Frock Coat referred to is part of the uniform all students are compelled to adopt who desire to attend the fever hospitals. We heartily endorse the sentiments expressed in the above letter, and hope soon to see clean coats at any rate in our operating theatre.]—ED.

THE WELFARE OF THE MEDICAL STUDENT.

DEAR SIR,—I was interviewed by a non-medical enthusiast upon the reform of medical education, and as I could not gather whether or where the interview would be published, I would ask you, Sir, to allow me to report the interview in your paper of world-wide circulation. All I could gather about my interviewer was that he was once, some time ago I thought, a Cambridge man, who spent most of his time at Newmarket, but whose morals were not thereby contaminated. His card gave rather a swagger west end address, but he regretted that he could not afford to present a billiard table to the College as I suggested. Five years ago he seems to have written a letter to the *Times* upon his favourite subject, which called forth a leading article in that most respectable of journals; but a recent visit to the best of all possible hospitals and colleges, led him to fear that he and the *Times* had not effected all that he had wished. Like everyone interested in the medical student, he trembled at the temptations that beface the first year's man who has just left school and finds himself in lodgings in London, with no one to control his movements but the dictates of his own conscience. He sighs for the proctors and chapels and gates at Cambridge, though admitting that these things are practically unworkable in modern Babylon.

"I should like to know something of the working of your college" says the unknown reformer. "For how much can a man board therein?" "I believe it is about a guinea a week." "And what does he get therefor?" "That I cannot say off-hand, but very few men, I think, board at a fixed rate; most of them eat what and when they like, paying for each thing they have according to a fixed tariff." The reformer does not approve of this system. Students should be compelled to eat a fixed dinner at a fixed hour, as he was in hall at Cambridge. We cannot make that system pay I tell him.

"And now your Warden" says the reformer, "I understand is a member of your hospital staff, who must be much occupied, and cannot devote his whole time to the duties of his office. I have always found clergymen make the best schoolmasters. Why don't you have a clerical warden?" "And where's his salary to come from?" I ask.

"Now as to billiards," goes on the reformer, "the game's harmless enough in itself, but it's the low places men go to, and the low companions that they meet that do all the harm. Why don't you have billiard tables under your own control?" "Will you find us a table? I believe we could find room for it in the College if you will." Here, as I before mentioned, the reformer regretted.

"You ought to have a gymnasium?" "We have an excellent one, thanks to the great liberality of our consulting physician, Dr. Pavy; and what's more, we are trying to get a field for our men to play football and cricket on, and generally enjoy themselves, but it's rather hard work raising the money."

This commended itself to my interviewer as an excellent idea, and, still harping on the billiards, he hoped we should be able to put a pavilion on the ground that would accommodate some tables, so that if it turned out wet the men would be able to enjoy the harmless amusement. After this I didn't give the reformer the chance of asking me any more questions, for I had a good deal to say to him about the disadvantages that medical schools are under as compared with nearly every other educational institution, in the absence of any endowment or other pecuniary resources except the fees paid by the pupils. I don't admit that medical students in London are less well looked after as regards their work than the men at Oxford and Cambridge, nor do I think that our students are turned out in any degree less well equipped for the stern realities of life. But in achieving this end we are working at great disadvantages. Grants from the State, pious founders and wealthy benefactors, pave the different path of education in universities, technical colleges, public schools and board schools. But in medical schools every pound that is spent in the laboratories and every penny that finds its way into the teachers' pockets, comes from student's fees, which are necessarily small, when the object to be attained by the fee is to teach a man a profession whereby he can earn his bread.

I tried to impress upon my interviewer, and I should like Sir, through your columns, to impress upon your readers the absolute necessity for every one interested in medical education (and every human being is), to lose no opportunity to divert some of the money which is daily left for educational purposes into the coffers of the medical schools. Anyone wishing to thus help our school, should leave his money to the President and Governors of Guy's Hospital, for the sole benefit of the medical school thereto attached. He might leave some to the hospital for the maintenance of patients at the same time.—I am, dear Sir,—Yours obediently, E.

CROFT'S AT GUY'S HOSPITAL.

DEAR SIR,—Would it not be possible for the Surgeons to let us see some other splints used in the wards besides Croft's? Croft's are no doubt very excellent things, but still, in private practice down in the country and single-handed, they would be exceedingly awkward things to apply.—Yours truly, A. J. C.

November 4th, 1891.

RECENT PUBLICATIONS.

Finlayson's Clinical Manual for the Study of Medical Cases, 3rd edition, crown 8vo. (Smith Elder), 8/6.

Foster's Text Book of Physiology, 5th edition, revised, part 4, 8vo. (Macmillan), 10/6.

Harris & Power's Manual for the Physiological Laboratory, 5th edition, post 8vo. (Bailliere), 7/6.

Lang's Text Book of Comparative Anatomy, part 1, 8vo. (Macmillan), 17/- net.

Morton's Refraction of the Eye, 4th edition, crown 8vo. (Lewis), 3/6.

Roose's Nerve Prostration and other Functional Disorders of Daily Life, 2nd edition, 8vo. (Lewis), 18/-.

Tanner's Index of Diseases and their Treatment, 4th edition, revised by Percy Boulton, 12mo. (Renshaw), 10/6.

Sport.

RUGBY FOOTBALL.

GUY'S (2ND XV.) v. ST. THOMAS'S (2ND XV.)

This, the first engagement this season with our old rivals, and perhaps the keenest, was played at Lambeth, before a large number of spectators, amongst whom were a good many Guy's men Our team was a good one, and we had hopes of reversing our severe defeat of last season. St. Thomas's, who looked heavier and bigger than our XV., won the toss and Spon kicked off for Guy's up the hill. After the return, play settled down in neutral quarters, and Guy's pressing very much, our opponents had a warm time in defending their goal. Had our passing been truer we should have scored earlier in the game. However, our forwards in a series of tight scrimmages in St. Thomas's twenty-five always held the advantage, and some pretty and effective passing between the backs enabled Spon to just get in, about the middle of the first half. Hicks took the kick, and amidst much cheering landed a splendid goal. After the kick off, the ball travelled up and down the ground until our forwards were again to the fore with some good dribbling in which Clarke and Thomas were conspicuous. Just before half time, Van Someren picked up and seemed certain to score, when he essayed a drop at goal which was unsuccessful. On change, Enos (St. Thomas's) played up with redoubled energy, but Stewart and Peake were too smart for their halves, who hardly had a chance the whole game. However, things were getting dangerous for us when Hancock and Robertson made a good dribble, and brought play into safer quarters. Our forwards lively and steadily gained ground, and from a scrum almost on the goal line, Peru, who had played well, gained a second try for Guy's, which Spon failed to convert. After this our men made repeated attacks on St. Thomas's goal, but failed to break through their defence until, after a brilliant run by Carpmael, who was collared within a yard or two of the line, Hicks gained possession and scored a further try for Guy's, which was not improved upon. Nothing further being scored at "no side," a very pleasant and exciting game ended in favour of Guy's by one goal and two tries (nine points) to nil.

GUY'S 1ST XV. v. CROYDON.

Played at Croydon, on Saturday, 14th inst., and resulted after a magnificiently fought game in a win for Guy's by one drop goal and three tries to one try.

This victory would have been a splendid one for us at any time, for Croydon is one of the strongest of the London teams, and well nigh invincible on their own ground, but coming after the severe gruelling we received at the hands of Swansea the previous Saturday, the performance is a particularly creditable one. Instead of being demoralized, as many teams would have been, by such a reverse it is very clear that our fellows have taken more than one leaf out of Swansea's book. The forwards especially have taken their lesson to heart, and their transition to a clever pack is as manifest as it is rapid. Our halves, too, good as they have always been, have managed to pick up a trick or two from the Brothers James, and their passing at Croydon was as pretty and precise as anything one could wish to see

The turf on Saturday was in good order, and all in favour of the fast game to which the few hundred spectators present were treated. Our fellows were kept hanging about for quite three quarters of an hour before any start could be made, but eventually Cooper set the ball rolling and play settled down in neutral ground.

Croydon set to work at once, and almost before our fellows were properly warmed to their business, Bacon had scored a try for them, their first and only point. Hancock re-started, and our forwards at once showed their superiority by wheeling and manœuvering the scrimmages, and thoroughly outclassing the opposing pack. By good all-round play the ball was taken close to the Croydon line, where Jones obtained possession, and passing very prettily to Cloud, the latter was not long in diving across and registering a try just to equalize matters, the shot at goal failed to give us any advantage.

In a few minutes after the drop out, Bettington obtained a free kick some little way the wrong side of their 25 flag; he made a magnificent drop at goal, and the ball sailed nicely between the posts, amid a great and prolonged cheer from all sides. The Croydon men now began to look somewhat anxious about the result of the game, and from now on till half time, they made great efforts to score, they were dangerously near our lines on more than one occasion, but our defence was good, and we eventually crossed over leading by a drop goal and a try to a try.

The play in the second half was again as brilliant and exciting as anyone could wish, if anything our forwards improved and our backs were working together in splendid style, but although we were undoubtedly having the best of things, the game was very keenly contested, and it was some time before the score was altered. Presently, however, the ball was heeled out to Jones, who at once transferred to Cooper, the Captain gave it to Hancock, and he, after going some way, made a long pass out to his wing; Bell was all there, and doing his 20 yards in something under level time, he planted the ball in a very good position, but the try was not improved upon. A little later on again a beautiful bit of passing enabled Cooper to place another try, the ball travelled nearly across the ground through the hands of most of our backs and completely baffled the Croydon men. The shot at goal was again unsuccessful.

Bettington was the next man to make himself conspicuous, and he was within an ace of scoring after a really brilliant corkscrew run along his touch line. The game from this point to the finish was fought in semi-darkness owing to the late start, but although the ball travelled rapidly from one end of the ground to the other nothing further was scored, and we were left winners by one goal (dropped) and three tries to one try. Although

we were undoubtedly the better team and thoroughly deserved the victory, our superiority was not quite so great as the score would indicate, and if we had to play the match over again under similar conditions our scoring would not be so heavy.

After the match most of the praise was showered on the backs, but our win is undoubtedly due in the first place to our forwards who were far and away the cleverer back of the two. Almost invariably they got possession of the ball in the scrums and did what they liked with it; they heeled out neatly, broke up quickly, and did all their share of the tackling, thus giving the halves and three-quarters every chance of doing the scoring. This is as it should be, and if the team continue to work together in the way they did on Saturday, we shall be one of the very best London teams and the Cup winners of 1892!

Coming to individual play, there was much less of it among the forwards, less individuality I mean. It is unfair to single out anyone in particular, for the hard workers are, as a rule, the least conspicuous to the onlooker. In a perfect pack, I suppose there would be no individual brilliancy.

Cooper and Jones were in grand form at half; after the match the former's face was like the beaming sun—it did you good to look at it. Hancock again was responsible for an immense amount of work in every direction, most of the passing went through his hands, and several times his strong defence saved his side. Bell's tackling too was of a very high order, his pace is invaluable to his side; the way in which he got his try rather astonished those who have not seen him on the racing track. When more chances are put in his way he will probably turn out a prolific scorer; it would be interesting to see him tried on the left wing for one or two matches, for Hancock, like most centres, carries most of the game to the left. Bettington has never played a better game for Guy's than he did on Saturday, he brought off several brilliant runs, and his drop goal was very tall. Ensor at full back was in much better form than in either of his previous performances, he played with more confidence, and his tackling at times was beautifully clean, but he has still to learn how to make his kicks find the touch line.

Team—Full back, Ensor; Three-quarter backs, Bettington, Hancock, Bell; Half-backs, Cooper (capt.), and Jones; Forwards, Biggs, Shorland, Thomas, Slater, Cloud, Robinson, Covernton, Layman, Collins.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. BERKHAMPSTEAD SCHOOL.

This match was played on Wednesday, November 4th, on the School ground, and resulted in a victory for the School by 4 goals to 1. The Hospital were weakly represented, both before and behind, and the better training of the boys soon told in their favour. Fitz-Hugh, for the Hospital, scored first by a good low shot; the School soon equalising, and at half-time, the School had 3 goals to our 1. In the second half the School scored once more, and certainly had to thank their goal-keeper for his good play in saving the Hospital from scoring on several occasions, and so ended an uneventful match as above stated.

GUY'S HOSPITAL v. EASTBOURNE.

Played at the "Saffrons," Eastbourne, on Saturday, November 7th. The Hospital were well represented, excepting that A. M. Daniel was unable to take his place, but an able substitute was found in Hinton, who, although it was his first appearance this season, did good service for the Hospital. H. T. Holman, an old Guy's captain, also played, and well sustained his reputation, only being stopped from gaining a goal for Guy's by the referee's decision. Bolus, in goal, too, was a tower of strength to the team, keeping our opponents' score as low as he could in a most determined way. Through the kindness of the Eastbourne Club, we enjoyed a most comfortable lunch at their head-quarters before the match, and we were all looking forward to a most enjoyable game, when unfortunately it began to rain. It stopped after we had been playing nearly half an hour, but it left the ground and the ball very slippery. Guy's began playing in a very scratchy manner, with the result that their forwards got through our defence twice in the first quarter of an hour. Then our forwards woke up with the result that Cotterill scored for the Hospital, but the Eastbourne forwards were not to be denied, and they notched a third and fourth goals in quick succession, making things look very gloomy for the Hospital, and as if they were going to run into double figures. But from that point play was much more even, our men played much better, and they fell off a little. Each side scoring once more before half time, so that at the interval the score was Eastbourne 5 goals, Guy's 2.

During the second half Eastbourne scored once, through a rather lucky shot that hit the post, and bounced off through the goal. While our forwards, although continually rushing the ball down the ground, seemed unable to get in a good shot, so that they were never very dangerous, and so a very fast and hard game ended in our defeat by six goals to two. After the match, the Hospital team were very kindly entertained by Dr. Roberts and Holman, old Guy's men, and a most enjoyable evening was spent, which was finished by drinking our kind entertainers healths, and rushing off to catch the last train.

Team. Bolus (goal), W. S. Frith (captain), and H. D. Packer (backs), W. Poole, H. Hewetson, H. S. Hinton (halves), W. H. Fisher and H. S. Holman (right wing), B. Pendred (centre), L. Cotterill and R. B. Stamford (left wing) forwards.

GUY'S HOSPITAL v CLAPHAM ROVERS.

On Saturday, November 14th, the above match was played on the ground of the latter at Wandsworth Common. During the first half-time play was of a very even character, each side scoring once, our opponents in

the first few minutes, and we just at the end. But during the second half-time the Rovers fell away a great deal, and Guy's were able to put on five more goals, the game ending in a victory for the Hospital by 6 goals to 1. The goals for the Hospital were obtained by Pendred and Cotterill, two each, Stamford and Fitz-Hugh one each. Our forwards were playing very well, their passing at times being very good. Of our back division it is hard to speak, as some regular players were away, but Frith, our captain, was as good and safe as ever.

TEAM.—P. R. Lowe (goal), W. S. Frith and H. D. Packer (backs), H. Hewetson, C. E. Hibbard and W. Smith (halves), W. H. Fisher and R. T. Fitz-Hugh (right wing), L. Cotterill and R. B. Stamford (left wing), B. Pendred (centre).

GUY'S HOSPITAL BICYCLING CLUB.

Copy of Balance Sheet for 1891.

RECEIPTS.	£	s.	d.
By Balance from 1890	0	3	5
„ 19 Subscriptions @ 2/6	2	7	6
„ Sale of 9 badges @ 1/7	0	14	3
„ 6 Entries for race @ 1/-	0	6	0
	£3	11	2

EXPENDITURE.	£	s.	d.
C.T.C. Road Book	0	5	0
Receipt Book	0	0	6
Time-takers Expenses to Horsham	0	4	6
Straub & Hebting's Bill	1	0	0
Ash's account	1	0	0
Secretarial Expenses	0	9	0
Cash Box...	0	2	9
	3	1	9
Balance in hand	0	9	5
	£3	11	2

Audited and found correct

(*Signed*) H. Falham Turner.

The Secretary is very anxious to hear of any racing cyclists who may have joined the Hospital recently. It is proposed to arrange team races with the other Hospitals. Guy's men willing to train are requested to communicate with the Secretary who will make arrangements for obtaining training ticket.

G. L. Eastes, *Hon. Sec. and Treasurer.*

A DISSATISFIED YANKEE PATIENT.—In the *New York Medical Record* a few years ago we read that two physicians in Quincy, Ill., were sued by a patient on whom they operated for hernia. The declaration states that the defendants conducted themselves in an ignorant manner by unnecessarily, wantonly, improperly, and unskilfully performing a surgical operation on the body of the plaintiff, by cutting through the flesh of said plaintiff into the abdominal cavity, and through the left lower region of the abdomen; and in an unskilful manner the defendants took and removed from the cavity of the abdomen of plaintiff twenty-five feet of bowels, *by reason of which ignorance his recovery was greatly impeded!*

Birth.

HUBBARD.—On October 28th, at "The Lawn," Diss, Norfolk, the wife of F. Edmund Hubbard, L.R.C.P., Lond., of a daughter.

Marriage.

PERKINS—BOWMAN.—On Wednesday, Nov. 4th, at the Parish Church, Ystradyfodwg, by the Rev. Ll. A. Rees, M.A.. J.P., Rector of Llandogo (cousin of the bride), assisted by the Rev. William Lewis, R.D., Vicar of the Parish, Henry Bowen Perkins, M.R.C.S., L.R.C.P. (London), Newport, Pembrokeshire, to Mary Bowman, elder daughter of the late John James, Pentre. No cards.

Death.

BEATSON.—On the 15th October, at Gya, from blood poisoning acquired during the performance of a surgical operation, William Beatson, Surgeon-Major in Her Majesty's Indian Army and Civil Surgeon of the station in which he died during his duty, in the 42nd year of his age.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect.* Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

WANTED to Purchase by a Guy's man, M.D., B.S., F.R.C.S., and D.P.H., a Practice in the South or West of England. Large Town preferred. London not objected to. Can find £1,000. Age 32, and has had some experience.—Apply to Mr. Wells, Guy's.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital Grounds, with Tennis Court and Billiard Room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

PROVINCIAL TOWN.—North-East of England. Nucleus for Disposal, price £250. Efficient introduction.—Address N., Medical Office, Guy's.

FOR DISPOSAL.—In south-eastern suburb, a small genuine Practice, established five years ago by Guy's man. Receipts 1891 about £350. Good introduction. Price £550. Every investigation solicited. H., c/o Mr. Wells, Guy's.

WANTED.—Good indoor Assistantship by Guy's man, M.R.C.S., L.R.C.P. Experienced and with good Testimonials. R., Mr. Wells, Medical Office.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

SPECIALLY ENLARGED TO 24 PAGES.

DECEMBER 5, 1891.

TRANSFUSION AND INTRAVENOUS INJECTION.

By R. J. Pye-Smith, F.R.C.S.

The case reported by Mr. Arbuthnot Lane in the *Lancet* of September 12th, to which I was immediately indebted for the similar treatment of the case I have recorded, was very far from being the first in which intravenous injection of saline fluid has been adopted, occasionally with equally brilliant results.

Its history is closely connected with that of transfusion of blood, a procedure which has been investigated on the lower animals and applied to man ever since the early days of the Royal Society, which was instituted soon after the publication, in 1628, of Harvey's immortal discovery of the circulation of the blood.

Hints, indeed, were not wanting of the possibility of transfusion long before the circulation of the blood was understood. Thus Ovid, who flourished at the very commencement of the Christian era, in his seventh book of Metamorphoses, describes the sorceress Medea as saying to the daughters of Pelias, who wanted her to restore their father to youth,

"Quid nunc dubitatis, inertes?
"Stringite, ait, gladios, veteremque haurite cruorem
"Ut repleam vacuas juvenili sanguine venas."

The proposed operation, however, appears to have been discarded (possibly for lack of suitable apparatus!) in favour of the less novel one of dismemberment and boiling!

And it is stated on the authority of Villari, the biographer of Savanarola, that in the year 1492, the decrepit old Pope Innocent VIII., was actually transfused on three separate occasions, by an adventurous Jew doctor, with no benefit to his Holiness and, with shame be it added, with fatal result to each of the three innocent lads who were the donors. Nor, we may feel sure, would a similar fatality have been averted had the operation of arterial transfusion, as described by Libavius in 1615, been attempted in those early days.

But with the knowledge of the circulation of the blood, scientific investigation soon began to be made by such men as Robert Boyle, Christopher Wren and Richard Lower.

In 1666, Lower recorded the experiments which he had made on the subject of transfusion in dogs, and in the following year (23rd November, 1667) he, together with King, successfully transfused the blood of a sheep into the vein of a young man named Arthur Coyn, in London.

In this application of transfusion to the human subject he had, however, been preceded, by five months, by Denis and Emmerez, in France, who had thus successfully treated a case of anæmia from repeated hæmorrhage in a lad, in June, 1667, having, in the earlier part of that year experimented on dogs, in imitation of Lower in this country.

In their human transfusions Denis and Emmerez used a calf as the donor, and when, after the third transfusion in a case of insanity, one of their patients died, legal proceedings were taken against them, and in 1668 the operation was prohibited in France, except with special sanction of the Faculty of Physicians in Paris, and it fell into desuetude. It was introduced into Italy in 1668 by Riva and Manfredi, and into Germany by Kauffman and Purmann,

but little seems to have been heard of it again for a century.

In 1785, Harwood, Professor of Anatomy at Cambridge, published a treatise in which, as the result of numerous experiments on dogs and sheep, he strongly advocated the use of transfusion in cases of hæmorrhage. This was a real advance, for previously to his time the operation had usually been undertaken (not, indeed, as in pre-Harveian times, for the rejuvenescence of old age, but) for various diseases, under the impression that the disease could be taken out with the blood, and the latter replaced by that of some healthy animal.

In 1802 Scheel published a résumé of the cases hitherto recorded, but little advance was made till, in 1818, Blundell published his experiments on dogs and horses, and showed, as pointed out the year before by his pupil Leacock, and in opposition to the view expressed by Harwood, that there was great danger in transfusing the blood of animals of different species. He subsequently recorded six cases of transfusion in the human subject, but none of them successful. His numerous and well devised experiments on dogs and other animals had, however, laid a trustworthy scientific basis on which successful advance was afterwards made. Blundell himself had a successful case in 1829, and Waller and Doubleday had several.

In 1821 Prévost and Dumas introduced the method of using defibrinated blood, in order to avoid the difficulties and dangers attending coagulation.

In 1832, during the first epidemic of cholera in England, Latte, of Edinburgh, revived the use of intravenous injections of saline fluids and applied it to the treatment of that very fatal disease.

Infusion of medicated fluids is, indeed, almost as old as transfusion of blood. It is mentioned by Libavius in 1615, and was practised on a condemned criminal in 1656 by Wren, and in Germany in 1664 by Major. Later it was used in cholera and in tetanus by Dieffenbach and others.

Latte used very large quantities (6 or 8 pints at a time) and at a high temperature (112° F.), and sometimes repeated the injection, so that in one case 44 pints in all were used! No very good results, however, appear to have been obtained, and the method fell into discredit until in the next epidemic (1848–49) W. J. Little tried it again at the London Hospital. He made known the results in his oration at the Hunterian Society in 1852, and published them in the third volume of the London Hospital Reports for 1866. He used from 15 ounces to 4 pints of saline fluid at a time, and in several cases repeated the injection more than once. The immediate effects were marvellously good, and in three out of the fifteen cases so treated recovery was permanent. The fluid he used contained a little alcohol. This treatment was tried in a few cases by Spencer Wells, B. W. Richardson, and others.

In the epidemic of 1866–67, L. S. Little carried out the same method of treatment for cholera at the London Hospital, and had, I think, four recoveries out of sixteen cases so treated, some of them receiving, in the course of a day or two, as much as 10 or 12 pints of the fluid.

About 1863, Golz showed the reasonableness of saline injections by pointing out the necessity for maintaining a certain degree of tension in the vascular system, in order to keep the blood circulating. His conclusions were confirmed by Kroneker and Sander, and in 1881 Schwartz published a paper in which he clearly showed the value of the physical bulk of the circulating fluid, and recommended that 16 ounces of saline fluid should be regarded as a minimum quantity to inject in cases of hæmorrhage in the human subject. This paper was soon followed by some successful cases, among them

one of his own, in which two and a half pints were used. Referring to such cases as these, Barnes, in his "Lectures on Obstetric Operations," published in 1869, expressed the opinion that it ought to become an aphorism of medicine that "no one should be permitted to die of hæmorrhage."

Meanwhile, Rey, of Lyons, in 1861, and Oré, in 1868, had confirmed the observation of Blundell that the injection of a small amount of air (a drachm or two) was not at all necessarily a fatal accident.

In the Guy's Hospital Reports for 1868, Braxton Hicks published several cases in which he had prevented the coagulation of the blood in mediate transfusion by mixing it with a solution of phosphate of soda.

In the same Reports for 1873-74, Fagge recorded a case of diabetic coma in which the patient was revived and greatly benefited for a time by the injection of 26 ounces of saline fluid into a vein.* F. Taylor tried this treatment in several subsequent cases, using quantities up to 47 ounces (nearly 2½ pints), but without satisfactory results. In 1890, Dickenson reported another case, in which he states that the enormous quantity of 17½ pints were injected into a vein at one sitting!

In 1875, Landois insisted afresh on the danger of transfusing blood from an animal to one of another species, unless nearly related. And in his Report to the Obstetrical Society in 1879, Schäfer made the sweeping assertion that "the only fluid which can be employed with any benefit for transfusion in the human subject is human blood." He was probably justified in saying that "the blood of the lower animals ought never to be used for transfusion in the human subject"; but in stating that "solution of salt, and any other watery fluid, is without permanent benefit, and should never be used for transfusion," he entirely overstepped the limits of his own recorded experiments, and, by ignoring such brilliant successes as those of Little, as well as the experiments of Golz and others, fell into the error of supposing that quantity was of no account and quality (as regards the presence of hæmoglobin) everything. His report was, however, valuable in showing how direct arterial transfusion of blood might be performed with the best possible result to the recipient.

During the last decade occasional cases of successful transfusion of blood and intravenous injection of saline fluid have continued to be reported in the medical journals, and in 1882 Coates had an interesting case at the London Hospital Maternity Charity in which he successfully used 22 ounces of plain water (as Magendie had done long ago in hydrophobia).

But development has taken place in other directions also. Attention has been re-directed to the beneficial effects, as a very temporary measure, of what has been called auto-infusion—that is, the driving of blood to the heart, lungs and brain by the use of elastic bandages to the limbs, combined with a dependent position of the head. And last year (1890) Münchmeyer and Sahli reported cases benefited by the subcutaneous injection of large quantities of saline fluid—just as blood, in smaller quantity, has also been injected—whilst Heer has applied an old treatment for cholera by simply injecting the fluid into the rectum! Though such methods as these may be more free from danger, I doubt if they would prove as efficacious as intravenous injections, since it is well known that in extreme cases of hæmorrhage fluids are not readily absorbed by the stomach, and might not be so with sufficient rapidity by the subcutaneous vessels or by the rectum.

(To be concluded.)

* I had the good fortune to witness this operation, which was done by my senior colleague as House Surgeon, F. Charlewood Turner. The year previous (1872), I had myself, when Resident Obstetric Attendant, performed the same operation in a case of hæmorrhage from placenta prævia. Only 7 or 8 ounces of saline fluid were injected, owing to air getting into the old-fashioned apparatus I used (Dr. Blundell's!), and though the patient was revived by it, she lived only four or five hours longer.

WOUND INOCULATION & ANTISEPTICS.

A Paper read before the Physical Society on Saturday, October 17th, 1891, by Mr. T. D. Lister.

(*Concluded.*)

How may a wound be inoculated? Anything that comes in contact with it may carry septic or infective organisms.

Before the complete recognition of the necessity for general cleanliness, the air was often blamed. As a result of Nägeli's researches, we may learn that only thoroughly dry bacteria pass into the air. The number in air is increased by dry winds; and an increase in atmospheric moisture causes at first an increase of organisms near the surface of the earth, and later continued condensation causes settling in the soil. Dusty air in constant movement forms an excellent opportunity for the spread of bacteria. The pathogenic organisms form a very small ratio to the saprophytic. In the Royal Society's Transactions of 1887, a paper is published by Professor Carnelly, Mr. J. S. Haldane, and Dr. A. M. Anderson, giving an account of very exhaustive examinations of air by Hesse's tubes. In one interesting experiment made in the Accident Ward of the Dundee Royal Infirmary, they found that making the beds raised the number of bacteria per litre from 2 to 26. The bacteria found were chiefly micrococci; rods were not nearly so common.

The soil, as may be evidenced by malignant œdema, and tetanus, is an important origin of infection. According to Soyka in 1885, spores are not frequently formed in the soil but are very well preserved there. Bacteria may spread from the soil to man by dry winds, ground water, articles of food, animals and by direct infection.

The soil does not lead to ripening or multiplication of pathogenic bacteria, but aids in their preservation and distribution.

In water, pathogenic bacteria have not yet been certainly demonstrated, though saprophytes are almost always present.

Clothing is normally rich in micro-organisms. Infective diseases of wounds are, without doubt, frequently carried by linen and dressings.

There is a very favourable reservoir for bacteria in the soil under floors, partly on account of the original materials, partly from the water used in scrubbing, washing portions of sputa, dejecta, &c., through seams. Large masses of dust can be seen rising from the seams at every step, in sunlight. When a floor is painted, or waxed and polished, &c., this source of infection, according to Pflügge, need not be considered.

Dejecta, and the refuse of houses and hospitals, are generally overestimated as causes of infection, because they are such excellent soil for the less-particular saprophytes. They should be got rid of, however, as quickly as possible, because they often contain, at first, infective bacteria.

On the *surface of the body* very various forms are found. Forster, in 1885, found that it was impossible to rid the hands of organisms with soap and water.

In the *mouth* several pathogenic bacteria are found. *Kreibohm* found four which he isolated. They caused fatal septicæmia in animals.

There are no bacteria in Expired Air. This was demonstrated by Gunning in 1882, and is confirmed in the paper, mentioned above, read before the Royal Society. They are, of course, present in the fluids of the respiratory passages, but only escape when moist particles are forcibly expelled, as in coughing, sneezing or speaking.

Plügge sums up the sources of inoculation of the infective diseases into wounds, as "wound secretions, fresh or dried in linen, dressings, bedding, etc., and ultimately beneath floors. In the majority of cases we do not know how long the infective agents retain their vitality when dried."

"The ordinary pyogenic organisms are normally present in dust, on clothing, and on the surface of the human body. Infection by dry organisms in the air, very rarely—one might say, never—occurs in glanders, and some infective diseases of wounds (*vide supra*-streptococcus.")

And now, leaving the comparatively solid pier of bacteriological facts, we sail into the misty seas of practice, risking our patients and ourselves in a more or less trustworthy paper fleet of theories.

In the *Lancet*, of March 12th, 1867, Mr. Joseph Lister published a paper, "On a new method of treating compound fractures, abscess, etc."

He calls attention to the different results of pneumothorax from puncture by a fractured rib, and that produced by external wound, and refers to the philosophical researches of M. Pasteur, who had demonstrated that minute particles in the air are the germs of putrefaction. He goes on—"Applying these principles to the treatment of compound fracture, it appears that all that is requisite is to dress the wound with some material capable of killing the germs, provided that any reliable substance can be found, not acting too potently as a caustic."

"In the course of the year 1864, I was much struck with an account of the remarkable effects produced by carbolic acid upon the sewage of the town of Carlisle, a very small proportion preventing all odour from the lands irrigated with the refuse material, and also destroying the entozoa which usually infest cattle fed upon such pastures."

This observation was the origin of antiseptic surgery. Cases treated by the new method (at first consisting of the application of lint soaked in pure liquid carbolic acid to the wound) healed with a wonderful freedom from suppuration. Pure liquid carbolic acid, it was found, produced some slight blush of redness in the neighbourhood, and sometimes a little sloughing; various dilutions were used, including oily preparations, and the 5 per cent. solution in water was rapidly arrived at. This solution

remains, so far as I know at present, the most generally used of all antiseptics—though I have on the table numerous samples of others, which are attempts at solution of the difficulty of making a non-poisonous, non-irritating, but reliable antiseptic. And in regard to the question of proof, that this disinfectant or antiseptic is more powerful than that, it is evident that, though the results obtained by various experimenters are undoubtedly accurate as far as their experiments are concerned, yet by a change of method, absolutely different results will be and are obtained.

Further, the question remains whether antiseptics are wanted at all in wounds on unbroken skin surface, in non-infected conditions, and whether everything desirable cannot be attained by the precautions of ordinary *cleanliness and careful drainage, without the use of* disinfectants in the wound or the dressing.

Erichsen, at the opening address at University College in 1873, remarked upon the general importance of healthy surroundings in relation to surgery, saying—"That there is no collateral branch of knowledge that has a closer and more direct bearing on the advance of surgical science than hygiene." He points out its two-fold relationship—"Firstly, in its application as a preventive of surgical diseases; secondly, in its influences on the results of surgical interference or operation." Alanson, in 1782, quoted by Erichsen, fully recognised the importance of hospital sanitation, and was a sanitary reformer in his day.

The problem in antiseptic surgery, as stated by Watson Cheyne, is this:—"On all objects in the external world septic dust is present, on the skin of the patient, on the hands of the surgeon and his assistants, on all instruments, in water, in air, &c., and when a wound is made, it is desirable to avoid any introduction of this dust. Then after the wound has been made, care must be taken to prevent its entrance during the after-treatment. Some sort of dressing must be provided which shall prevent its passage in an active state, and at each change of the dressing, the problem is the same as at the time of infliction of the wound."

How shall we avoid inoculating the wound at the time it is made?

The air as a source of infection, we have seen, can scarcely count, unless the operation is being performed where dusty air is in constant movement; near the soil when increase of atmospheric moisture is taking place; or where the floor has seams holding the accumulations of innumerable scrubbings, the memories of which are to be raised at every step. An operating room, therefore, should be well but not draughtily ventilated, and kept free from dust by simplicity of construction and frequent cleaning; should not be a ward, where beds are necessarily often made; should be situated well above the soil level; and should have a floor with as smooth and continuous a surface as possible. In the case of a large wound, covering with a guard during operation will be all that is necessary as regards air inoculation.

The skin of the part, and the hands of the operator and his assistants, must be clean. Soap and water is not sufficient. The desired result is usually obtained, as regards the patient, by washing with potash, scrubbing the part to be operated upon for a considerable area, and applying antiseptics for some time before the wound infliction. The surgeon and his assistants generally wash their hands just before operation, and keep them wetted with strong antiseptics until the operation is finished. The discomfort, both at the time, and subsequently, of soaking the hands in strong carbolic or sublimate solution is well known, and some alteration or addition to this method might be made. One that is in use in some of the wards of this Hospital is that of rubbing the hands with vaseline, before commencing the operation, and there is no reason against the use of sterile vaseline preparations.

It would be better I think, instead of using antiseptics on the hands during the operation, to disinfect them and the bared forearms thoroughly before, by scrubbing and soaking them FOR SOME MINUTES with an alkaline antiseptic such as creolin, or lysol (a similarly active preparation to creolin), drying them on a sterilized towel, and avoiding any risk of soiling them till all manipulation is over. By this method, there is certainly no greater risk of infection or inoculation of the wound by the clean dried finger, than by that of the incompletely cleaned finger splashed occasionally with an antiseptic. It is to be remembered that every additional assistant is an additional source of risk.

All instruments or materials introduced into the wound must be sterile. In the case of instruments, simplicity *of construction is very important, and hence the intro*duction of instruments made in as few separate parts as possible, and with the avoidance of any slits or deep angles where dirt may collect. There are on the table, numerous examples of this method of manufacture.

Steam (as has been shown by Koch) is the best means of disinfection, the objection to its use with instruments—the facility with which it causes rust when CO_2 is present at the same time—has been overcome in the Cathcart steriliser shewn here.

All silk and ligatures used should be antiseptic. In the case of silk, this is simply secured by boiling. Gut is prepared for use by treatment with chromic acid, which however, if used alone or too strong, causes the ligature to become as unabsorbable as wire: hence carbolic acid is mixed with the chromic acid used in its preparation. It is either kept moist in any convenient solution, or dry, and soaked shortly before use.

As regards inoculation by clothing, linen, old dressings, bedding, &c., it is simply avoided by keeping them out of and away from the wound. The seat of an operation should be guarded from any such risk by being completely surrounded, for some distance, by cloths soaked and wrung out of strong germicidal solutions. Such cloths form also the best safeguard against the soiling of the arms and hands of the assistants, and of the instruments, sutures, etc., when being passed to the surgeon.

Sponges, from the ease with which they may be soiled, and the almost equal ease with which fluids carrying organisms may be squeezed out of them, require the most careful looking after during use in operations.

In the "Annals of the Pasteur Institute," M. Christmas has published a paper demonstrating conclusively that pus may be formed as the result of chemical irritation only, and that, probably, infective suppuration occurs from the effect of irritating substances formed by the pus organisms living in the tissues. The substances which he used for injection were nitrate of silver, turpentine, and mercury.

It is probable that the germicidal effect is very slight which can be produced by antiseptics in the irrigation of healthy wounds, and that non-irritating sterile normal salt solution would answer all mechanical purposes equally well

It is certain that irritating antiseptics greatly increase the discharges, and thus the soil for inoculation. The increase of discharge may, of course, be harmless, and even assist in washing out any organisms present into an early grave in an antiseptic absorbent dressing, if the drainage be free.

John Chiene at the B. M. A. on August 1st, this year, speaking of the modern extension of Hilton's principles of rest, says, "A frequent cause of local unrest, and free serous oozing accompanying it, is the use of too strong antiseptics. We cannot avoid them, but, as regards the wound itself, the less of the antiseptic the better. Asepticism is taking the place of antisepticism. The extent to which this can be carried out will depend on the security we feel when we operate on unbroken skin that we have not introduced any causes of fermentation. The main danger of contamination is by what is *put* into the wound."

As has been shown by Watson Cheyne, and is daily evidenced by face operations, where the wound is generally carefully closed and the antiseptic precautions are usually of the slightest, septic micro-organisms cannot develope in a culture medium spread out thinly between healthy living tissues, though they would grow in the same medium between glass. In fact, the resistance of healthy living tissues is considerable enough for us to say, that wounds sometimes do well in spite of energetic antisepsis.

When the tissues are infected before the commencement of the operation, the whole case is different. The whole of the infected tissues being removed as far as can be seen, the indication is to flush the whole of the surface from which they have been taken with the most powerful substance that we can safely use. Sublimate is mostly employed, and should be used in large quantities that the exposed tissues may have their surfaces very completely impregnated. It is more important to destroy the infection, than to slightly delay healing by irritation.

Sponges should not be used twice in operations on infected tissues, and some authorities (speaking of malignant growths) have gone so far as to say that for each fresh incision a fresh knife should be employed. At any rate, there is little use in putting an antiseptic into an infected wound before the instrumental operation is completed.

Many of the precautions used at the operation must be continued in the after dressings. The use of the many-tailed bandage where it can be employed was insisted upon by John Chiene as affording the least disturbance possible during dressing.

It seems, then, that in operating on healthy tissues, there is no necessity to fear wound inoculation, if the conditions are such that proper precautions can be taken; and that in operating on infected tissues energetic steps should be taken to destroy those present.

The provision of a dressing to prevent the passage of active organisms into the wound is the next point to be considered. Why use any? It is known that, in good hygienic conditions, where all the surroundings of the patient are of the cleanliest possible character, where every precaution in the way of avoidance of ordinary dirt is taken to prevent inoculation, and the wound in healthy tissues is closed carefully, all hæmorrhage being completely arrested, that the mere dusting of a little boracic acid along the future scar, will dry up the little discharge that may take place, and the parts may be left at rest absolutely till healed. (This is, I believe, the broad outline of Lawson Tait's abdominal surgery.) But these conditions rarely obtain in general surgical practice, and it is usual to employ some absorbent substance impregnated with an antiseptic, that the discharges may become and remain in a condition incapable of favouring bacterial growth.

The double cyanide gauze, of which the history in the *Lancet* of November, 1889, and January, 1890, is exceedingly interesting, is gauze in which a cyanide of zinc containing a small amount of mercury is fixed by the action of a dye. One molecule of gentian violet will fix 600 of the cyanide. By the uniformity of the colour of the gauze, its proper charging with the antiseptic is apparent (unless the perchloride be present). The cyanide is insoluble in water, soluble one part in 3000 of serum, and one in 150 of glycerine. If present in gauze to the amount of three per cent., it is evident that blood serum may soak through it a long time without washing it out,

It is said that, though when dry it is certainly irritating, yet, when moist, it is not so. Hence, and that it may be aseptic when applied, the layer next the wound is used after being soaked and wrung out of an antiseptic solution (frequently $\frac{1}{20}$ carbolic), and is covered with a waterproof material to prevent evaporation and to cause the discharge to spread in the dressing. The covering with waterproof retains both the carbolic and the perspiration, and the mass of dressings is generally uniformly moist when removed; such a steamy mixed atmosphere may easily act as an irritant. Possibly also, when irritation is found following the use of this dressing, it may be due to incomplete removal of the perchloride by the maker.

The double cyanide is undoubtedly the most perfect of all gauze dressings, but it is doubtful whether gauze, and air-tight dressings, are the best possible.

Dr. Wearne Clarke, of Chesterfield, has recently contrived a dressing, the great feature of which is that it allows the freest evaporation, but is impervious to fluids. It also allows free perspiration. Evaporation, as pointed out by Watson Cheyne, causes the fluids to become too concentrated to permit of bacterial growth.

No account of this dressing has, as yet, been published. It was mentioned incidentally by John Chiene, at Bournemouth, this year, when insisting on the necessity of free evaporation, as probably one that will find a considerable place in surgical practice; and the inventor has very courteously afforded me the full particulars before his own paper on its uses has been read.

There are two means of improvement in surgical dressings: firstly, in the chemical antiseptics, and secondly, in the materials used for their application.

The chemical antiseptics which have been employed at Guy's are the following:—Carbolic acid, potassium permanganate, liq. sodæ chlorinatæ, thymol, eucalyptus, mercuric perchloride, iodoform, iodine, aristol, Barff's boro-glyceride, resorcin, liq. carb. detergens, liq. picis carbonis, boric acid, cyanide powder, sodium silico fluoride, creolin, β.-Naphthol, and perhaps some others. With such a list it is impossible for me to enter into any detailed account of their properties, but I may mention some results that have been found with some of them.

Koch has proved that the sensitive anthrax bacilli, on silk threads, are absolutely unaffected by carbolic oil.

Dr. Hack, at Leipzig, in '79, showed that granulations treated with carbolic acid have, as regards absorption of alkaloids, many of the properties of fresh wounds; it may be added that he also proved that granulations treated with alcohol did not absorb at all, or only slightly.

In a short paper in the "American Journal" of 1888, by Dr. Jeffries, of Boston, it is shown that iodoform powerfully retards growth, and diminishes the odours of putrefaction; it also checks the secretions of wounds, and, he says, thus creates a food famine among the germs. Rovsing, in 1887, concluded that CHI_3 has no action on tubercle.

In the Guy's bacteriological laboratory, in some investigations by Mr. Evans with Dr. Washbourn, by a method of mixing cultures with antiseptics in certain proportions, and inoculating nutritive media after different intervals of time, it was concluded that, as a germicide, Hg. $Cl._2$ is still at the head of the list; but $\frac{1}{1000}$ solution had no power to destroy the staphylococcus pyogenes in 24 hours. However, it prevents its growth when present in the proportion of $\frac{1}{50000}$.

Carbolic acid destroys this coccus in $\frac{1}{50}$ solution acting for a quarter of an hour; a 2 per cent. solution may therefore be regarded as a reliable disinfectant. (This result was confirmed by Professor Crookshank this year at the International Hygienic Congress).

Creolin is in many respects more powerful than carbolic, $1\frac{1}{2}$ per cent. destroying the coccus in a quarter of an hour. Its uses are slightly limited by the opacity of its emulsion. (The dusting powder, composed of 10 per cent. of creolin in boric acid, is a powerful, non-irritating, cleanly and cheap substitute for iodoform),

Mr. Collier's *coal-tar emulsion* is as powerful as creolin in regard to anthrax bacilli spores. A $2\frac{1}{2}$ per cent., however, does not destroy the staphylococcus in 24 hours. The emulsion is said not to precipitate so readily as that of creolin.

Hydronapthol, which is said to be *β.-Naphthol*, in which an HO molecule has replaced an H, was investigated by Edington at Edinburgh, and his results were published in the B. M. J. of May 11th, 1889. He concludes that under the circumstances met with in surgery it is much more powerful than sublimate. The method adopted was dipping a growth entangled in glass wool into the antiseptic, then washing by suspension in distilled water, and finally inoculating into beef-juice peptone jelly. with β.-Naphthol.

Hydronaphthol is said to be non-poisonous as compared

Eucalyptus in all its forms is a powerful volatile antiseptic, but with probably little or no action as a germicide; it is very useful in various ointment forms as an application to healing or granulating wounds.

Koch, in his silk thread experiments, concluded that the only real disinfectants available for practical purposes are chlorine, bromide, and Hg Cl_2: while the most potent antiseptics (*i.e.*, preventatives of development) are Hg Cl_2, some volatile oils, and allylalcohol.

He remarks, perhaps showing the present little use of lists of antiseptics in the order of their comparative potency, that to apply properly the full programme of investigation necessary to all disinfectants is a labour of many years.

Passing on from the antiseptics to the materials with they are used, it is here that we meet with the most recent distinct advances.

Wood wool, introduced by Burns a good many years ago, still holds a leading place as an absorbent dressing; its manufacture has been greatly improved, so that modern samples less resemble sawdust than did those of earlier make. It is usually impregnated with Hg. $Cl._2$

Sedox, a material obtained from a bamboo-like grass called ramie, was shown for the first time at the B.M.A. this year. It is introduced as a substitute for cotton wool, and while possessing higher absorbent properties, is in much longer fibres than that substance, and does not leave short fibres in the wound, if applied directly to it. It is equally cheap and can be prepared with any antiseptic.

Permanently moist dressings, prepared with any antiseptic and moistened with glycerine, possess some advantages from their absorbent qualities over dry dressings. They can, of course, be easily prepared when wanted.

The Wearne Clarke dressing before-mentioned is an example of a combination of materials to secure a desired result.

I might go on with further instances, but the ingenuity of surgeons, chemists, and manufacturers in seeking the answer to the question of what is the best antiseptic, and how shall it be best applied, has resulted in such a multiplicity of substances for use in preventing and treating wound inoculation, that, until the bacteriologist shall have completed the whole chain of evidence, the utmost that the surgeon can do is to use the system which seems to him to give the best results, remembering that that system is always best which affords the greatest amount of rest to the wound. The use of absorbable drains, ligatures, and sutures, are examples of the application of Hiltonism to antiseptic surgery.

I fear this paper has been very long, very rambling, and very inconclusive; but the number of references to be consulted has been large, and it has been completed rather hurriedly. I have to thank Dr. Washbourn for his kindness in giving me some most valuable hints as to the bacteriological portion; Messrs. Cresswell and Hamilton for assisting me in examinations of the air of some of the wards, and other ways; Mr. Collier, and several manufacturing firms, for supplying the numerous specimens of antiseptics and dressings, which are on the table; and Messrs. Down Bros., for their very complete exhibit of easily sterilized surgical instruments, and Cathcart's steam apparatus.

NOTES FROM THE DISPENSARY.

Pental.—A new anæsthetic, discovered by Professor von Mering, is described in Pharm. Centralhalle, Oct., 1891. It is one of the five isomers of Amylene $C_5 H_{10}$; the Professor has given it the name Pental, because it contains five atoms of carbon. It is a light transparent colourless liquid with a neutral reaction, etherial odour and sweet taste, s.g. ·69. It is decomposed by light, and must be kept in yellow bottles. Pental is specially employed for producing anæsthesia in the extraction of teeth and small surgical operations. 20 c.c. are sufficient to produce anæsthesia in three or four minutes.

Gallacetophenone.—Pyrogallol or Pyrogallic Acid is employed in the treatment of psoriasis; it sometimes produces very alarming symptoms, and for this reason some dermatologists have given up using it. In the Répertoire de Pharmacie, M. Nencki states that he has discovered a derivative of Pyrogallol resulting from the displacement of 3 H O by Methylketretone, to which he has given the name of Gallacetophenone, and which does not present the disadvantages of gallic acid. This new substance has been administered to animals by the stomach, and also hypodermically, without any unpleasant effects being produced. It has been used in psoriasis in the form of a 10 per cent. ointment. The effect of the remedy manifests itself at the end of 12 hours. Gallacetophone is a yellow powder, very slightly soluble in cold but readily in warm water; also in alcohol, ether, and glycerine. The solubility in cold water can be increased by the addition of acetate of sodium. The following solution keeps well and does not deposit upon cooling:—

Gallacetophenone...	...	...	4 parts.
Acetate of Sodium	...	...	30 ,,
Warm water	...	...	100 ,,

This substance does not, like pyrogallic acid, stain the patients' linen.

Detection of the Tubercule in Sputum.—The following method is described in the Journal de Pharmacie et de Chimie. Five small porcelain dishes are conveniently arranged: into the first is placed about five grammes of a 4·5 per cent. solution of carbolic acid, and to this is added drop by drop from 5 to 8 drops of a ten per cent. strong alcoholic solution of fuchsine, until a slight pellicle forms on the surface. Into the second and third dishes alcohol at 60°, in the fourth dilute nitric acid (1 acid 3 water), and in the fifth a watery solution (1 in 50) of methylene blue. A portion of the sputum is taken by means of a glass rod and spread carefully and evenly upon a piece of white filter paper. If the sputum is very thick it can be rendered more easy of division by the addition of a little solution of potash. The paper thus prepared is very carefully dried by passing through the flame of a spirit lamp. It is then floated on the surface of the solution of fuchsine, and turned so that the preparation comes in contact with the liquid, it is warmed for 30 seconds until it begins to disengage vapours. By means of a pair of pincers it is plunged into the alcohol at 60°, and this is repeated as long as the alcohol takes out any colouring matter (at least 40 times). It is then plunged into the nitric acid until the red colour reappears, and after washing with distilled water it is put into the methylene blue solution, and allowed to remain there for several minutes until the colour has penetrated every part. The preparation is then placed with a drop of glycerine on a slide. It will be found that under these conditions the bacillus is isolated in red upon a blue ground.

A new reagent for Albumen in Urine.—8 to 10 c.c. of the urine are mixed with an equal quantity of strong hydrochloric acid, and to this mixture are added from a pipette a few drops of a saturated solution of calcium chloride in such a manner that the liquids do not mix. In the presence of even traces of albumen the dividing line will show a distinct white cloudiness.—(*L'Union Pharmaceutique.*)

PASS LIST.

ROYAL COLLEGE OF SURGEONS.

First Fellowship Examination.

H. M. Jordon. A. J. Sharp.

Passim.

The next meeting of the Physical Society will take place on Saturday, December 12th, when Mr. Hamilton will read a paper on "Lardaceous Disease."

The debate in the smoking room last Saturday was a great success, and we especially congratulate the junior men on their speeches on that occasion. The Presidents of the Society are now considering the advisability of asking the Club Committee for the use of the smoking room to hold the rest of the meetings there during this session.

We think it a much better place than the draughty and somewhat uncomfortably seated chemical theatre.

We hear that the Club Committee have now under discussion a scheme for electrically connecting the colonnade and the smoking room of the Club, in order that the entrance of the staff may be at once announced there.

We have already advocated this scheme, and we heartily commend it to the Committee's consideration, as it will not only help to put a stop to the smoking in the colonnade of which Dr. Wilks spoke so strongly, but it will also lessen the sore throats and colds caught by those who have to await their surgeon's or physician's arrival, and who have no other means of knowing when they come unless they loiter by the letter window or surgery door.

We are glad to hear that the Council of the Clubs' Union has determined to send a note to all old Guy's men, inviting them to become life members of the Union, and we feel sure that many of them will welcome this opportunity of adding one more to the many ties that bind them to their *alma mater*.

We would remind our readers that the year is nearly at an end, and that the subscription to the Gazette is nearly due.

One of the "Junior Men" has criticised a letter we inserted last week on the attendance of first and second year's men at out-patients on Thursdays and Saturdays. Our correspondent alluded to those days particularly, and we agree with him in what he said. The first and second year's men will do well to attend surgical and medical out-patients for an hour, but their presence with Dr. Horrocks is certainly not desirable.

Arrangements have already been made by the residents to produce a nigger troupe, as usual, on Christmas Day.

The Committee of the Guy's Gazette have made up their minds to permanently increase the Gazette to 24 pages. The Editor hopes that Guy's men will keep us well supplied with interesting material, and a list of special contributors will be issued early in January.

The subscriptions to the Wooldridge Memorial are coming in well. The committee hope that every Guy's man will give something, as in this way a large sum will be raised, and the Memorial will take the form of some permanent token of the admiration and respect Dr. Wooldridge always inspired in all who knew him.

Physical Society.

The first debate of the session took place on Saturday evening last in the smoking room of the club, when the chair was taken by Mr. Wakefield, and more than sixty members were present.

Mr. G. Mackeson moved: "That this meeting is of opinion that every facility should be given to woman to enter the medical profession." In introducing his resolution Mr. Mackeson said that only a few years ago it would have been received with scorn and derision, but that they now recognised the claims of woman to be allowed some means of maintaining herself independently of man, for the census returns had showed that the feminine sex was increasing with alarming rapidity, and that marriage for all of them was entirely out of the question.

They must first ask themselves the question why it was that woman had not hitherto taken an equal place with man in the great professions and businesses of the day. He thought "Education" was at the bottom of it. The state of slavery to which woman was consigned in the lower levels of human evolution, clearly tended to dwarf and narrow her mind, and even as she emerged from that condition of slavery she was still governed by man in numberless ways, which, although less brutal, were scarcely less effectual as mentally stunting influences.

Mr. Mackeson then traced woman's life throughout the various epochs of history, and quoted Sydney Smith, who, writing in 1810, said, "A century ago the prevailing taste in female education was for housewifery, now it is for accomplishments." This remark, he said, applied equally to-day as it had done at the beginning of the century. It had, however, assumed larger proportions—for the educational programme of the iniquitous Board School free education scheme provided for the fostering, not of housewifery, or mechanics and general labour work amongst the lower classes, but rather of accomplishments in the shape of French, chemistry and physiology, etc.—and what good it was to a man to know the process of digestion his food underwent when he was not taught a trade by which to make his daily bread, he for his part could not see. In the upper classes, too, the ideal of female education was not that of *mental furnishing*, but rather of *mental decoration*.

The speaker then dwelt on the fact that woman, after having passed through various phases of life, had bred a class of her own sex who desired to be more than creatures of accomplishments, and further, that some of them had already entered the medical profession, and, working under great difficulties and against hostile criticism, had passed their examinations with credit, and were doing good work at home and abroad. Can they not, therefore, give women still greater facilities for entering this, the most noble, the most self-sacrificing, and the most ennobling of professions? Could they not offer her the hand of brotherhood, feeling sure that she could never take their place, but that she would do good work by carrying religion and *medicine* hand in hand into the wilds of Africa or the Buddhist plains of India, by attending women of high caste prejudices in India who would otherwise suffer untreated, or fall into the hands of a rascally Brahmin or other medicine fetish man, and by treating certain of her own sex whose idiosyncrasy it was to prefer her to a male medical adviser.

On precedent, at any rate, lady physicians ought, he said, to be encouraged, for Grecian historians spoke with praise of the women doctors at Athens. In particular he mentioned one Agnodice who had been the pioneer of female practitioners.

In conclusion, Mr. Mackeson mentioned various qualities in woman which would be of peculiar use to her in medical work. He also spoke of one or two objections which had been raised in the columns of medical journals—particularly the subject of marriage—and he stated that he believed female practitioners made up their minds that medicine and marriage were incompatible, and that if they contracted the latter they would have to give up practising the former.

He quoted the following verses to show that a doctor wife would be a very queer blessing.

I'm the queerest of husbands, the wife I have chose
The practice of physic pursues;
There are not many men would have dared to propose,
Or be standing just now in my shoes.

We sit down to breakfast, when lo! an express
Comes to summon the doctor away;
A man ne'er can brew tea without making a mess,
And there's nought but discomfort all day.

At night 'tis still worse, for the surgery bell
Every moment is given to ring,
And although very often it's only a sell,
Yet it might be a serious thing.

Still there'll come certain duties as time toddles on,
That she can't well by proxy achieve,
And how busy so e'er, our small daughter or son,
She must stay at home to receive.

How she'll manage things then 'tis not easy to know,
Nor what with the babe I'm to do,
When mamma to a long consultation must go,
And his next feeding hour is at two.

Mr. Daldy opened the debate for the opposition. He said that Mr. Mackeson had said all that could be said for the motion; but he held that the inequality of the sexes was not determined by education, but rested upon the inherent inferiority of women, to which the experience of all ages bore witness no less than the rhymes quoted by the mover. The question must be decided by the answer to the question, Is it for the common good that women should be doctors? And the answer to this question was based on the principle that every member of a community should do the work for which he was most fitted; and the qualities necessary for medical

work—nerve, endurance, and, he might add, secrecy—were the qualities of men rather than women. He accused the movers of class selfishness and want of chivalry. Brain power, he thought, could, like muscular power, be estimated by weight, and if so, women were clearly not the equals of men. Lady doctors could only come from a class of female prigs in frocks who lost the privileges of their sex. The strongest point in favour of the motion—the work for medical women in India—could be got rid of, he thought, by the gradual enlightenment of the people of India, and the decay of caste prejudices. A Rajah's wife, some years ago, had submitted to the treatment of a medical man, telling him her symptoms, and giving him her pulse to feel from behind a curtain; and her example would be followed in the future. The very idea of women in the profession made him shudder, and he could not conclude his case more fitly than by quoting against the motion the very lines with which the mover had thought to strengthen his case.

Mr. A. SALTER would not hear of one sex prescribing the sphere of work for the other. He quoted Lady Florence Dixey's opinion that no education was allowed to women but that of idiots—no ambition but that of getting married. The position of women was even more unsatisfactory in Germany, where they were relegated to the kitchen and the scullery. The contempt a German had for an English working man who could carry his baby to relieve its mother was, he thought with Mr. Herbert Spencer, most shameful. It was only in civilized races that women's brains weighed less than men's; among savages there was no such inequality, and he thought the cry of the incapability of women was the whine of a cowardly cur.

Mr. W. K. STEELE thought Lady Florence Dixey's opinions did not strengthen the case for the opposition. He liked to think of women as ministering angels, not as P.M. clerks. It was bad enough to have women as fellow candidates at a medical examination, but the prospect of lady examiners was worse still. He described the shock he had experienced on hearing a lady come in saying she was ravenously hungry, she had been dissecting all the morning. There was, too, the selfish argument; women as competitors would not be handicapped as men were by the calls of whist, football, tobacco, and all the pursuits and peccadilloes, without which men could not exist. He thought women in becoming doctors were treating nature with a pitchfork.

Mr. DAVIES thought women were really the equals of men, and in some cases he had found them their superiors, to his cost. He thought that if women were to practice medicine, there would not be so many cases of neglected cancer among women. A very good working arrangement would be for medical men to marry medical women, and the latter to take the night work. The capacity women showed for observing and dealing with details, in itself made them fit for medical work; and if their brains were too light, that defect would be got over by the exercise to which they would be submitted.

Mr. HARRIS quoted Sir Thomas More to show that in that authority's opinion women should be educated to take part in important work, and referred to the vigorous mental training that he prescribed for his daughter. The attitude of men towards women on this question he compared to that of a terrier and a cat—gnarling, but afraid to enter the lists with her.

Mr. PARRY thought that the virtues most prized in women as womanly would be threatened with extinction by the course in favour of which the mover had spoken.

Mr. PARKES found fault with the remarks made by Mr. Steele as not being direct argument. Women he thought could accustom themselves to what they would have to go through as doctors, as much as they had as nurses. Opponents of the motion had talked of throwing open the profession to the rank and file of women, as if it was at present in the hands of the rank and file of men. It was not proposed to admit women of the class from which costermongers came to the profession; but there were women, such as Miss Fawcett or Miss Ramsay, who were more than fitted to compete with men. What were the qualities in which women excelled? Were they not tact and sympathy, the very qualities most essential in medical practice, and the want of which was a common source of failure among medical men. He quoted Lady Dufferin in reply to those who said that even in India prejudices would be overcome and women doctors become unnecessary. He thought that 200 years at least would be required for Indian caste prejudice to be forgotten.

Mr. ROPER gave arguments to prove the inferiority of women to men. In Art and Literature competition had been free between the sexes, but with a very one-sided result. He thought that the future of society should be taken into consideration in deciding the question, and then by reference to Galton's Law of Heredity he thought the decision could only be against the motion. Women's sphere of work necessitated their inferiority. He thought that from what the world had already seen of lady doctors, it was clear that the attractiveness of the fair sex would be jeopardized by their numbers being increased.

Mr. EASTES pointed out that there were objections to women entering other professions. A Florrie Atkins or a Julie Tar was impossible.

Mr. STEVENS said that the qualities women would show in this profession were to be inferred from those they displayed in the only position to which the world admitted them; and there, in love, they were conspicuous for endurance and perseverance.

Mr. LEATHES thought Mr. Mackeson's proviso, that the lady doctors should not marry, might weaken his case. As a matter of fact it was found that where women had independent occupations there they married youngest. At the same time, if the growth of the population was to be arrested by a reduction of the marriage rate, then this would best be done by giving women some other ambition in life than that of getting married. He

thought that even if women were on the whole intellectually inferior to men, there were many who were fit to enter the profession, and at any rate a policy of Laissez-faire would be wise, and the question would then soon settle itself.

Mr. Hora thought that there were many of the simpler and less taxing duties of medical men that might wisely be put into the hands of women.

Mr. Hale pointed out that evils first introduced into the world by woman should by woman be cured.

Mr. Hovenden was anxious that other prospects than the solitary one of domestic happiness should be opened up for women.

Mr. Coleman said the growth of the population might be arrested by an increase of the death rate no less than by a decrease of the birth rate, and for this reason he would support the motion.

Mr. Mackeson was then called upon to reply, and in a very earnest speech he combated the arguments raised against him, and spoke very sarcastically of Messrs. Daldy's and Roper's attempts at criticism. The resolution was then put to the vote, and carried amid much enthusiasm by 33 votes to 27.

VOCES POPULI.

Scene—"Medical Out-Patient Room, Slack Day."

Procession of Chronic Cases: present, a physician and three clerks: one writing, one attending to ophthalmoscope and lamp, one doing odd jobs; also a crowd of medical students, one nursing a top hat.

Aged Party (describing symptoms)—So that what at first was mere lassitude has now become downright exhaustion.

Physician (in stage whisper)—Have you been sick?

A. P. shakes his head.

Phys.—Sure you've had no vomiting?

A. P. again dissents.

Phys. (addressing crowd)—So that I think we may take it he has had no gastric lesion.

Gent with hat (to nobody in particular)—Good afternoon.

Phys. (auscultating, keeping an eye on his clerks and talking quickly)—Deep breath. Say twenty-one, twenty-two—it lights from the top—deep breath. You can't do it that way. Write, "A few râles at bases." We generally use the right-hand basin. Cough—yes; cough again—yes—say, "Chronic bronchitis, C_2H_6Oism." What would you do for him?

Ass. Surg. Dresser (to knot of friends)—And now he goes about the Hospital draining into a soda-water bottle in his sock.

Gent with hat (at a loss for an epithet)—Good after—bally—noon.

Phys. (fixing the hat with his eye)—See what you can make out of that man behind the screen. *(To one of the crowd)*—Well, what are you going to do for this man?

One of the crowd—I think I should knock off his beer.

Aged Party pulls a long face.

Phys.—I think we may take it that unless we have some very obvious reason we should be slow in altering a man's mode of living.

A. P. (relieved)—'Ear, 'ear.

Voice from behind screen—Now then, guv'nor, let's look at the lump.

Phys.—How very outspoken that gentleman is. In this case, of course there *are* obvious reasons, &c. *(explains reasons, to disgust of P. H.).*

Voice from the Principality—And then, look you now, what price br-r-andy as a droog?

Gent with hat (emerging from screen and encouraging a friend who has found a rhonchus)—Bravo, old boy, tip-top.

A. P. (getting very limp)—I suppose a little whisky and water won't 'urt at night.

Phys. (denying him even this)—Next! Come along.

Rugby Footballer—Said I scragged him; but I only got him by the jaw and his head . . . .

Ass. Footballer—. . . . shot bang up against the bar four times. Very hard luck. Lend me a stethoscope.

A. P. (with a last effort as he nears the door)—What about claret and them light wines—*(is hustled off)—and exit, followed by gent with hat, rolling cigarette and humming,* "Johnny, take your sword, your gun, your pistol." [*Left sitting.*

THE WOOLDRIDGE MEMORIAL.

The following subscriptions have already been received or promised:—

	£	s.	d.
Per Mr. Wells, (balance of wreath fund) ...	5	15	0
Dr. Pye-Smith, F.R.S.	5	5	0
Dr. Pavy, F.R.S.	5	5	0
Dr. Wilks, F.R.S.	5	5	0
Dr. Hale White	5	5	0
Dr. Starling	5	5	0
C. H. Golding-Bird, Esq.	5	5	0
Thomas Bryant, Esq.	3	3	0
Dr. Horrocks	3	3	0
W. H. A. Jacobson, Esq.	2	2	0
A. H. Tubby, Esq.	2	2	0
A. Kinsey Morgan, Esq. (of Bournemouth) ...	2	2	0
N. Davies-Colley, Esq.	1	1	0
Dr. Shaw	1	1	0
Henry Wooldridge, Esq.	1	1	0
Frank E. Beddard, Esq.	1	1	0
J. H. Gibson, Esq.	1	1	0
A. J. Sharp, Esq.	1	1	0
Dr. Washbourn	1	1	0
J. P. Pendlebury, Esq.	1	1	0
E. Penny, Esq.	1	1	0
R. J. Pye-Smith, Esq.	0	10	6
J. Robertson, Esq.	0	10	6
G. L. Eastes, Esq.	0	10	6
T. Montagu Day	0	10	6

E. S. STARLING, } *Hon. Secs. and*
G. MACKESON, } *Treasurers.*

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

TETANUS.

DEAR SIR,—The report of Dr. Washbourn's interesting case of Tetanus, published a few weeks ago, offers an opportunity for some speculation on the treatment of this terrible disease. When reading up the subject some time ago, I was much struck by a suggestion mentioned in "Fagge's Medicine," and attributed to Rose of Zurich, viz., that the cause of death is cardiac paralysis, brought about by the muscular contractions opposing a resistance to the circulation through the arteries which the central organ is unable to overcome. If the muscular contractions do really interfere with the circulation, as held by this observer, it is obvious that the internal organs must be more or less gorged with blood, and this engorgement would, in protracted cases, account for albuminuria, congestion of the lungs, hyperpyrexia and delirium when this occurs. Besides which, increased pressure within the calvarium would probably tend to exacerbate the original spasms. And the excessive perspiration, in conjunction with a pallid or cyanotic surface, may also be accounted for by the condition of the vessels effected by the muscular contractions. The line of treatment indicated by these considerations is the reduction of the internal blood pressure, and this may be brought about by free blood-letting or, probably with equally good effect and with less harm to the patient, by the exhibition of such drugs as nitroglycerine and nitrite of amyl. These, by dilating the superficial vessels, would reduce the peripheral resistance and diminish the rapidity of the pulse, thereby considerably relieving the over-strained heart. They would probably also, where hyperpyrexia is present, reduce the temperature far better than ordinary anti-pyretics or even the application of cold to the neighbourhood of the larger vessels, by determining a full supply of blood to the surface and removing pressure from the brain. It is an interesting point that pyrexia is only an occasional symptom, and then generally in such cases as do not rapidly prove fatal; and whether it do or do not supervene may depend on whether or not the cardiac muscle be able to carry on its work till after the equilibrium of the thermic centres has been sufficiently disturbed to produce symptoms. With a disease such as tetanus, the ætiology of which is not thoroughly understood, and for which a specific has not yet been found, we must perforce be content to confine our attentions to the treatment of symptoms, and for this purpose many drugs have been used, though unfortunately without any very satisfactory results. If, however, we are to accept the statements of Bacteriologists—that the disease depends on the presence in the system of toxic substances produced by the tetanus bacillus during its growth in the tissues—that these toxic materials are only excreted by the bacillus when it is nourished under anærobic conditions, and that the habitat of the bacillus remains altogether localised, then, in all cases where there is an apparent wound of origin this should be freely incised and scarified and thoroughly aërated either with peroxide of hydrogen or by some other means, in order to destroy the centre from which the poison is disseminated.—Yours, &c., E. C. KINGSFORD.

Surbiton, October 31st, 1891.

A CORRECTION.

DEAR SIR,—Would you kindly insert the following:—I am reported to have called the lady doctors "fanatics, prigs and frumps." I did not say this. I spoke of the leaders of the "Womens' Rights" movement as fanatics, as tending by that movement to rear a community of female prigs and frumps.—Yours truly, A. M. DALDY.

CROFT'S, ETC., AT GUY'S.

SIR,—In your last issue A. J. C. ventilates a subject which can easily be extended. I have now been in and out of the Wards of Guy's for about three years, and as yet I have learnt nothing concerning homœopathy, cancer cures, and the like, either from our physicians or from our surgeons. Possibly such treatment might not be so good for the patients as that which they receive, but still from the all-important point of view of the education of the student, are they not worthy of a trial?—Yours, etc., O. I. E.

JUNIOR STUDENTS AT OUT-PATIENTS'.

DEAR SIR,—As a first year's man, I should—with your kind permission—like to make one or two remarks anent the letter of "A Frantic Final College Candidate," appearing in your last issue. The first thing that must strike all the readers thereof is the utter selfishness of the writer: "they cannot do better than stick to the dissecting room for a little while, *at any rate till I am through*," he says. Couldn't the College authorities arrange for special classes for the gentleman, or set apart a special day during the whole of which none but he should be allowed to attend out-patients? Then he goes on to say "for as sure as they continue to crowd the out-patient rooms on *Thursday*, so surely shall I get referred for six months in January." If he is cutting things so fine as this, I pity the skin of his teeth, and as for his prospective patients, I feel sure, did they know of his brilliancy (?), they would prefer to die quietly or trust to nature. Further, Dr. Uhthoff, in his address, rather upheld the idea of first and second years' men going to out-patients' half-an-hour or an hour once a week, to get their eyes accustomed to the sights one sees, and their ears to the names one hears there. But, alas! great authorities do differ sometimes! Mr. Jacobson also alluded to the practice as one not altogether in such "bad form" as you yourself assert it.—I am, yours truly, PHILOSOPHIC PRIMARY.

We adhere to our former statement that the presence of first and second years' men at out-patients on *Thursday* is bad form, and we remind our writer that all students are not as advanced as he may be, and that animosity may be carried too far [ED.].

MEDICAL OUT-PATIENTS.

The students who study at Guy's
The practice of moderns and ancients
Can see, without any disguise,
All that 's to be seen at "out-patients'."
They come from the alleys and courts,
They stay a good part of the day,
They 're examined for ills of all sorts,
With a bottle they all go away.

One suffers from wind after food,
With pains, and a stomach like lead;
For such bitter tonics are good,
Or, better, "mist. bismuthi sed."
The next to hot flushes will own,
At age five-and-forty or so;
For her you prescribe "mist. ammon."
Together with "mist. rhei co."

Then enters a third, pale as death,
Or statue in Parian marble:
Has headache and shortness of breath,
And well marked "bruit de diable."
You give her perchloride of iron,
Or Blaud's pills, to form hæmoglobin;
For such, and a purge, you rely on
To make her as red as a robin.

But headaches are often the worst
Of troublesome ills to be treated;
Their cause you must diagnose first,
So you ask where they chiefly are seated.
You think of the eyesight and age,
The employment and habits of life,
The stomach and pet beverage,
The quarrels of husband and wife.

You order them iron, if pale;
Mag. sulph., if plethoric and pink;
Give salines and advice, if from ale;
If nervous, then phosphide of zinc;
When frontal, have spectacles tried;
If septic, the knife or quinine;
If specific, use pot. iodide;
And remember the good of hygiene.

If a child is brought with vague pains,
To it give your very best care;
Of its heart it seldom complains,
While rheumatics may work havoc there.
In doubt have it sent home to bed,
Give salicylates five grains or more.
It should be an in-patient instead,
If prevention is better than cure.

As hour after hour passes on,
And patients seem never to end,
With hearts, lungs, and livers all wrong—
Whole families brought you to mend—
Your powers of life seem to fade,
And, though you 've a heart for this woe,
And would not for worlds masquerade,
More and more get "mist. acidi co." D. W. S.

A CASE OF HÆMORRHAGE INTO THE PONS, CAUSES DEATH IN FORTY-FIVE MINUTES.

In the chapter on Cerebral Hæmorrhage in Fagge's Medicine, I find the following sentence:—"In the most rapidly fatal case of a clot in the pons that I find recorded at Guy's Hospital, death occurred in forty minutes; two patients lived each for two hours, one nine hours and a half, one thirteen hours, one sixteen hours, and one two days."

From this it seems that the following case is somewhat unusual, inasmuch as death occurred within *forty-five minutes* (at the most) from the commencement of the fit.

I was called to the patient, a woman, just in time to see her die. The patient had been, to all appearances, in good health up to the time of the seizure, which happened while she was talking quietly to her husband, who told me she uttered one cry and then fell to the ground and immediately became unconscious; after careful enquiry I could elicit no history of any previous warnings.

At the Post-mortem, I found a large clot in the pons which had spread up into the third and lateral ventricles, and down into the fourth ventricle; the other organs were all healthy.

From the evidence given by the husband and friends at the inquest, there can be no doubt that death occurred within three quarters of an hour (at the most), after the commencement of the seizure.

Carlton House, H. EVELYN CROOK.
Dalby Square, Margate,
November, 1891.

APPOINTMENTS.

Campbell, H. J., M.D. Lond., L.R.C.P., M.R.C.S., has been appointed Assistant Physician to the East London Hospital for Children.

Littlewood, J. O., L.R.C.P. Lond., M.R.C.S., has been appointed, *pro tem.*, Medical Officer of Health for the Mansfield Rural Sanitary District of the Mansfield Union, *vice* Standen, deceased.

Puddicombe, W. N., M.R.C.S., has been appointed Public Vaccinator for the St. Albans Second Sanitary District of the St. Albans Union.

Taylor, Frederick, M.D., F.R.C.P. Lond., has been appointed Medical Officer for the General Insurance Company, *vice* Sir J. Risdon Bennett.

Theed, S. V., L.R.C.P. Edin., M.R.C.S., has been appointed Health Officer for the Mornington Shire, West Riding, Victoria, South Australia.

COMMUNICATIONS, BOOKS FOR REVIEW, ETC.

Received from:—*Messrs. Lewis & Son; Mr. R. H. Randell; D. W. Samways; Dr. Frederick Taylor; Mr. H. J. Pye-Smith; a President of the Physical Society.*

THE NURSING ENTERTAINMENT.

The second of the series of concerts which have been organised for the delectation of the nursing staff took place on the 24th in the Court Room. The nurses of the Evelina and Waterloo Road Hospitals had been again invited, and, we are glad to say, turned up in full force.

A really sterling programme had been arranged, and with one exception it was not departed from, as all the performers came up to the scratch. We were glad to see Mr. Lushington and Dr. Steele present, and hope to see them at the next, which will take place in January. It would be invidious to praise any particular artiste, as they were all inimitable in their own peculiar line. Miss Clara Brooks sang with great pathos and taste. Miss Levry's piquancy and merry-heartedness brought her at once into touch with her audience. Mr. Charles Capper whistled divinely. Mr. Robert J. Ward rendered Sergeant's and Elliott's songs in a way that only a fine voice and good training can do. Mr. Barnett's recitations were very much appreciated. Mr. Mackeson, who took Mr. Arthur Bernand's place in the programme, was loudly applauded for his singing of "The Polka and the Choir Boy," which he appears to have been studying under the direction of the renowned Signor Professor of Comicity at Guy's Hospital. The concert finished sharp at nine, and many were the favourable comments heard by your correspondent as he threaded his way through the nurses, down the old oak stairs, and out of the counting-house door.

Sport.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. CHISWICK PARK.

On Saturday, Nov. 21st, the Hospital team decided the fixture on opponents' ground in dull weather, the ground being heavy, which had the effect of making the game rather slow. The home side only put a weak team in the field, and the Hospital had matters fairly well their own way most of the time, and would have won by more points, but their goal-keeper saved some very hot shots from the foot of Hibbard. Pendred started the ball for the Hospital, and play immediately went in front of their goal, with shots from Hibbard and Fitz-Hugh, but no result. They attacked our goal in turn, but Lowe relieved with a good punt, which was soon afterwards followed by a shot at their goal by Hibbard, which their goal-keeper seemed to catch, but the ball being slippery, escaped him again, and rolled through the goal. Play after this was for some time of a "give-and-take" nature, when Stamford relieved the monotony by a hot shot, which took the desired effect. This made their forwards play up harder, and as a result, by some pretty combined play, they score a goal just before half-time. On restarting, play was slower than ever, and the light very bad, the Hospital scoring twice more before time was called, Fitz-Hugh getting one out of a scrimmage, and one of the opposing backs very neatly scored the fourth for us, from a good centre by Stamford. The final result being a win for the Hospital by four goals to one.

Team.—P. R. Lowe (goal), H. D. Packer and E. H. Frith (backs), H. Hewetson, W. Smith and V. Pendred (halves), B. Pendred, R. L. Fitz-Hugh, C. E. Hibbard, R. B. Stamford and E. H. Cartwright (forwards).

GUY'S HOSPITAL v. CASUALS.

Played on the Casuals' ground at Wormwood Scrubbs, on Wednesday, Nov. 25th, when a well contested game ended in a victory for the Casuals by four goals to one. The ground was very heavy, making play very tedious, but, notwithstanding, the game was fast and evenly contested throughout. The Casuals started play, and immediately besieged our goal, which was in danger for some time, but Lowe, saving some hot shots, punted well away, Frith also bringing in some of his good kicks, and so helping to relieve pressure. By some good play on the part of our forwards on the right wing, play was transferred to our opponents' goal, Fitz-Hugh shooting over the bar. Cotterill was the next to be prominent before their goal, but the goal-keeper saving, threw out to the ring, and Fisher putting in a good centre, which Francis received, but his shot went behind. The game continued even, swaying about from one goal to the other, until a low ground shot beat our custodian, and the Casuals crossed over at half-time, leading by one goal to nil. During the second portion the Casuals increased their lead, not that our team fell off in their play, but they seemed to have no luck. Soon after the game was restarted the Casuals rushed the ball down. Lowe saved, but the ball came to one of their halves, who placed it through. From the kick off, Fitz-Hugh and Pendred took the ball down the ground, the former centreing nicely. Francis easily scored a goal for the Hospital. After this the Casuals scored twice more before time, and so retired winners by four goals to one. For the Hospital, Cotterill, Pendred and Fitz-Hugh made some good combined runs, but seemed weak in front of goal. Frith and Daniel, of the back division, got through a lot of good work, and Lowe in goal also showed up well.

Team.—P. R. Lowe (goal), W. S. Frith and H. D. Packer (backs), A. M. Daniel, H. Hewetson, and W. Smith (halves), W. H. Fisher, R. T. Fitz-Hugh, B. Pendred, L. Cotterill, and C. J. Francis (forwards).

GUY'S HOSPITAL v. OLD BRIGHTONIANS.

This fixture was decided at Raynes Park, in dull weather, on Saturday, Nov. 28th, and ended in a draw of three goals all. There was a wind blowing straight across the ground, which made the kicking of the backs rather uncertain at times, otherwise the game was a very good one. Guy's were the first to score by means of Pendred, but our opponents were not to be left behind,

as they scored two goals in quick succession, and shortly before half-time the Hospital scored another goal by means of their back, who kicked the ball against one of his own side, and so it bounced through the goal, so that on crossing over the score was even, of two goals all. During the second half each side scored once more, the Hospital getting their goal about a minute before time was called. Sturges Jones, in goal, did all that was required of him, his kicking from behind being remarkably good. Hayes, at half, was very useful, playing a very plucky game. Of the forwards it is hard to speak, as several of them were played in fresh places, Stamford taking centre, where he was not quite at home, and Pendred playing inside right, but on the whole they played a good game.

Team.—W. E. Sturges Jones (goal), W. S. Frith and H. D. Packer (backs), H. T. Hinton, R. Hayes, and H. Hewetson (halves), C. J. Francis, B. Pendred, R. B. Stamford, L Cotterill, and E. Picriot (forwards).

RUGBY FOOTBALL.

GUY'S (2nd XV.) v. KENSINGTON (2nd XV.)

Played at Wood Lane on 21st ult., and won by Guy's by one goal (five points) to a try (two points). After the wet we had been having we did not expect the ground to be in very good condition, but were wholly unprepared for the practically unplayable state in which we found it on our arrival, so "twenty minutes" each way was considered by the captains to be quite sufficient for the game. The game, such as it was, was fairly evenly contested, neither side having much advantage. In the first half, from some good passing among the Kensington back division, Clifford-Smith obtained a try for them, which was not improved upon. After restarting, Guy's pressed, and some good dribbling by Slater, Robertson, and Collins nearly enabled us to score. On change of ends, Slater was brought out to strengthen us behind, and our forwards, working well together, carried the ball down the field, when, from a scrimmage in front of our opponents' goal, Stewart got possession of the leather, and obtained a try for Guy's. Collins just placed a goal. Both sides now played up with renewed vigour, but nothing further being shored, Guy's left the field victorious by five points to two.

Guy's.—J. Moore (back), C. E. Carpmael, H. Hicks, H. J. Spon (three-quarters), W. H. Peake, and H. M. Stewart (halves), R. Clarke, C. S. Pantin, V. Collins, J. Robertson, L. Slater, F. Steward, E. Van Someren, N. H. Pike, E. D. Hancock (forwards).

GUY'S (2nd XV.) v. ST. BARTHOLOMEW'S (2nd XV).

Played at Balham, and won by Guy's by one goal and one try (seven points) to nil. The ground was in good condition, and the game keenly contested. Guy's would have scored more had the forwards let the ball out in our opponents' twenty-five. They are inclined to forget our back division, and frequently kicked wildly when steady dribbling should have been the game. They are a hard-working lot, however, and always held an advantage in the scrimmage. Our tries were obtained in the first half by Van Someren and Collins, the latter also placing the goal. In the second portion Steward obtained a third try, which was not allowed, for some unapparent reason, by the referee. Both Stewart and Carpmael were away from the team, their places being taken by James and Jones respectively. Jones made his first appearance in the second fifteen, and perhaps was a little nervous. He wants to take his passes cleaner, and deliver up the ball *before* being collared. Robertson, Collins and Hancock were smart forwards, the latter putting in good work.

Guy's.—H. Duffett (back), H. S. Spon, H. Hicks, and J. B. Jones (three-quarters), W. H. Peake, and L. E James (halves), R. Clarke, C. Covernton, V. Collins, F. Steword, J. Robertson, H. Pern, E. Van Someren, N. Pike, A. D. Hancock (forwards).

The second fifteen have now played 8 matches, won 7, drawn 1. Points for, 56; points against, 6.

Marriage.

HICKMAN—COWLAND.—On November 14th, at St. Thomas's, Shepherd's Bush, W., Herbert Vigers Hickman, M.B. Lond. Univ., M.R.C.S., L.R.C.P. Lond., of Wanstead, Essex, second son of the late R. J. Hickman, of Blenheim Crescent, Notting Hill, to Alice Maud, youngest daughter of the late J. D. Cowland, of Lansdowne Road, Notting Hill.

Death.

HINTON.—On November 16th, at his residence, Wellesley Court, Croydon, James Thomas Hinton, M.D., M.R.C.S., aged 44 years.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital grounds, with tennis court and billiard room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

FOR DISPOSAL, in the S.E. District of London, a genuine Practice, receipts amounting to £400 per annum. Established 5 years. Premium 1½ year's purchase on average of past two years.—Apply to H., c/o Mr. Wells, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

DECEMBER 19, 1891.

1891.

Once more has Christmas come, and with it the close of another year in the history of the Guy's Gazette, a year which has been full of eventful progress, and has given promise of still further successful development.

First, we would thank our contributors for the articles, reports and notes which they have sent to us, and without which it would have been impossible to make the Gazette interesting to new and old Guy's students. Especially would we thank our Staff for allowing the reports of their clinical lectures and interesting cases to appear in our columns; also the Secretaries of the Athletic, Football and Cricket Clubs, for the unvarying diligence they have displayed in sending in accounts of their proceedings; and, lastly, our artist and our poets, who have materially increased our circulation by their genius.

We have already given publicity to the fact that on and after January the first, the Gazette will be enlarged to 24 pages. It may not be generally known that this increase has been contemplated for the last twelve months, and that we have been enabled to take this step forward, not only because we have received the warm support of our subscribers, but also because the Gazette has been regarded with growing respect by the advertising world. We are now issuing a letter to many past and present Guy's men asking them to promise us a literary contribution during the coming year, and we hope that everyone will say yes to our appeal, for, as has been said before in these columns, the ideal Guy's Gazette would be a journal to which every member of the profession, eminent or humble, who owes his medical education to our School, should contribute in so far as it lies in his power.

In looking back on the past year's work, we see two very notable instances of the power for good which the Gazette possesses. One is the foundation of a Studentship for original research by Sir Cameron Gull, the advantages of which were urged in the Gazette as long as two years ago. The other is the Scheme for amalgamating our Clubs and Societies which is now completed and in progress of still further development. The idea of a "Union" originated in these columns, and has been brought forward again and again and placed prominently before both Staff and Students; and last May not only did the Gazette urge the advantages of such a Union in a leading article, but also presented a large memorial, signed by a large number of its subscribers, to assure the Staff of the general feeling in favour of such a scheme. Thanks to Dr. Shaw and to the energetic committee which worked under Dr. Pye-Smith's able chairmanship, the Union is now as firm as a rock.

Among other movements in which the Gazette has taken a prominent part may be mentioned the establishing of a monthly concert for the Nursing Staff during the winter; the raising of a fund to enable Mr. Walter Fisher, an old Guy's man and now a medical missionary, to carry on his work in Africa; the recording of all cases of anæsthetics administered by Guy's men, from which a statistical report will be drawn up next year; and the provision of pianos for the wards at Christmas time.

Such has been part of the work done by the Gazette this year, and without alluding to the many interesting articles, the clinical lectures, notes on cases, etc., which have been printed in its columns, we hope that our subscribers will feel that as a whole it is worthy to rank with the volumes of former years.

It only remains for us to invite suggestions from any and all of our friends for the next year's issue, and to wish them all a Happy, as well as a Merry, Christmas.

CLINICAL LECTURE ON TREMORS AND OTHER MORBID MOVEMENTS.

By Dr. F. Taylor (Notes by Mr. T. Holmes).

In attempting to deal with tremors it is almost impossible to avoid speaking of a number of other morbid movements, because tremors pass by insensible gradations into other forms, and in one and the same case, the movements may consist at one time of simple tremor, at another of a well-marked ataxia.

Tremor may be defined as an oscillation to-and-fro, the oscillation being generally of small amplitude, due to the rapidly alternating action of antagonistic muscles. Many forms of tremor are regular, but they are not materially different from others which are irregular, and the more irregular, jerky, and convulsive movements may be described as ataxic.

Many of the movements to be spoken of to-day are included under the term clonic convulsions, the latter having a very general application to involuntary and purposeless muscular contractions, whether local or general.

At the lecture two cases were shown :—

Case A.

A man, aged 50, had worked in a manufactory of salts of mercury since he was 11 years of age, and thus had been exposed to the fumes and dust of mercurial preparations for a long period of years. He had never had excessive salivation, but had had loose teeth on two or three occasions, which he had extracted himself.

On admission into the Hospital, his arms and hands were so tremulous that he was unable to drink a glass of water without upsetting it.

His condition had improved since admission, and at the lecture he presented the following features—The arms, legs, and body, were generally tremulous, he had marked oscillation of the eyeballs (nystagmus), and some difficulty of speech, owing to a tremulous condition of the tongue; this difficulty of speech was, however, quite distinct from the staccato speech of insular sclerosis, and the tremors of the body generally were of a much less amplitude than those usually seen in the latter disease. He was told to walk up the gangway in the Theatre, and this showed the ataxia caused by the tremulous condition of the legs very well indeed; on holding his hands out for a book he showed that the involuntary movements were exaggerated on exercise of volition; the head and trunk were only slightly affected.

The history of the progress of the tremors is that the legs were affected later than the arms. (It has since been ascertained that the nystagmus has been present for 12 or 14 years. It is probably independent of the other tremors) There is a suspicion of syphilis in his history.

Case B.

That of a woman, æt. 38. Has had syphilis. Trembling of the lips, tongue and limbs; peculiar speech, in that it is slow, and each syllable is pronounced with difficulty, and if she has a word of more than three syllables to pronounce she is apt to transpose them.

There is very slight ptosis of the right upper eyelid, and internal strabismus of the eye on that side; her friends state that her memory is not so good as it used to be, but this peculiarity is not marked. The pupils are not unequal. Patient has exaggerated reflexes. The gait is

rather unsteady, though less so than on admission; the arms are decidedly unsteady and ataxic when she takes hold of an object offered to her.

This case is perhaps one of early general paralysis of the insane. Though the disease is rare in women, the jerky tremor of the tongue and lips is very suggestive, and the view is supported by the history of syphilis, and of failing memory, if this *can* be trusted.

The following diseases are associated with various forms of tremor, jerking or irregular movement, or ataxia.

1. Paralysis agitans.
2. Senile trembling.
3. Mercurial tremors.
4. (Lead tremors.)
5. General paralysis of insane.
6. Alcoholic tremors—chronic.
7. Exophthalmic goître.
8. Fevers.
9. Delirium tremens.

Tremors, mostly rhythmical and of small extent.

10. Insular sclerosis.
11. Spasmodic wryneck.

Jerky or wavy movements.

12. Chorea.
13. Posthemiplegic chorea.
14. Athetosis and violent forms of unilateral movement.

Combined or grouped movements.

15. Writer's cramp—tremulous or jerky—partly tonic.
16. Ataxia.—Neuritis.
    Spinal sclerosis.
    Cerebellar disease.
    Acute alcoholic intoxication.
17. Convulsions.
18. Hysterical movements, rhythmical but generally extensive.

Amongst all the movements observed in these diseases, one may distinguish the following:—

(*a*) Movements of alternate contraction and relaxation of antagonistic muscles, producing uniform to-and-fro action, usually of limited extent; to this especially the term tremor is applicable. It is seen in paralysis agitans, in acute febrile conditions, in exophthalmic goître, in simple muscular exhaustion.

(*b*) Movements produced mainly by quick contraction and slower relaxation of one muscle or set of muscles, without any decided action of their antagonists. This gives a jerky and may be irregular action. "Convulsive tremor" is a term sometimes used, and the slight forms of convulsive twitches might be included in this group.

(*c*) Grouped or combined spasmodic movements such as are seen in chorea and athetosis, so that the limb is moved not only to-and-fro, but also in various directions with a writhing action.

Another distinction has to be drawn in these movements, that is between those that are spontaneous, and those that are produced only on attempts at movement. In paralysis agitans and chorea, the movements go on when the patient is otherwise at rest. In insular sclerosis trembling only occurs when the patient attempts to do anything, and the tremors of this disease have been called "intention tremors." But in many of the diseases above enumerated, the movements are exaggerated by the attempt to perform any act.

In Paralysis Agitans.—The movements are regular to-and-fro oscillations of small amplitude, being most marked in the hands, causing them to perform movements resembling those employed "in rolling pills." These tremors cease during sleep, and are associated in course of time with weakness and stiffness of the muscles.

Senile Tremors.—Fine tremors of the arms and head; at first only during movement, later, during rest also. They generally begin at a later period of life than do those of paralysis agitans.

Mercurial Tremors.—These are started by the attempt to move, and are only constant at a later stage; they may be very violent or irregular. Sir T. Watson describes in one case the "limbs trembling and dancing as though they had been hung upon wires."—"His legs shook violently with a rapid incessant and irregular motion."

Insular Sclerosis. — The limbs are quiet during rest, but tremors occur when any movement is attempted; the tremors are of very considerable amplitude, and of a wavy character. In the case of the arms, they have been compared to the movement of the wings in the slow flight of some birds.

Spasmodic Wryneck.—Affects the sterno-mastoid, splenius, and deep muscles of the neck; generally only one side is affected, causing the head to be jerked towards the shoulder of the affected side; the muscles contract *quickly* and relax *slowly*.

Chorea —Characterized by irregular, twisting, writhing movements of the arms, trunk, legs and tongue; with occasional slight twitching of single muscles.

Writer's Cramp.—Irregular, jerking, involuntary movements of the hands and fingers, brought on by every attempt to perform the act of writing. In other forms of complicated movements, such as violin-playing and piano-playing, similar inco-ordination may occur as a result, no doubt, in each case, of exhaustion.

Athetosis is a spontaneous, involuntary, generally slow, and often writhing, or combined movement which occurs after hemiplegia in the partially recovered limbs, or as a result of the same lesion which produces hemiplegia. It affects the fingers of one hand most; the toes of the same side less. It is brought out very fully on the attempt to move.

Time did not permit of the discussion of the other ataxic forms of motor disorder.

Special attention must be called to the fact that several of these motor disorders are aggravated by the attention of the patient being drawn to them. This is no proof that they are hysterical or assumed. Normal voluntary movements are only produced by the direction of the attention to the part and to the act which is desired, and if too much attention be directed to an act, the individual in health may be unable to prevent its production. Hence it is not surprising if in morbid excitable conditions of the centres the mere *thought* that a movement may take place should be sufficient to produce it, without the thought clothing itself in the words "I will." This aggravation of involuntary movement on attention is especially observable in paralysis agitans, insular sclerosis, chorea, spasmodic wryneck, and athetosis.

TRANSFUSION AND INTRAVENOUS INJECTION.

By R. J. Pye-Smith, F.R.C.S.

(Concluded.)

Such striking and brilliant cases as that of Lane's necessitate our seeking some other explanation of the facts of transfusion and saline injection than the idea that hæmoglobin is the all-important element that requires to be supplied in cases of impending death from hæmorrhage. And we find, I think, a very clear interpretation of the effects of the various methods at which we have glanced in Cohnheim's Lectures on General Pathology (1882, translated for the New Sydenham Society, 1889), and, still more fully, in the Arris and Gale Lectures delivered in 1889 by W. Hunter.

It is true that the red corpuscles and the hæmoglobin they contain are of the utmost value for conveying oxygen to the tissues and carbonic acid to the lungs, but that death in hæmorrhage is not due to their diminution in number is shown by the facts of certain diseases in which the blood is specially affected. For instance, in pernicious anæmia the proportion of the red blood corpuscles may be reduced to one-tenth of the normal before a fatal issue is reached, whereas in hæmorrhage their proportion is unaffected and their actual quantity is never reduced to any similar degree.

It is also true that the blood carries with it material of great nutritive value, but that death

in hæmorrhage does not depend upon the withdrawal of nutrition from the tissues is evident from the facts of fasting. In that condition life may be long maintained, provided that water is supplied, nutriment being doubtless conveyed to the essential organs of life at the expense of the fat and skeletal muscles of the body. Indeed the nutritive properties of the blood depend, not on its own essential composition as a tissue, but on the chyle and other nutritious substances which it receives from the lymphatic vessels and conveys to the tissues. By hæmorrhage their actual quantity is of course diminished, but their proportion is unchanged.

The real cause of death in hæmorrhage is a mechanical one and consists in the loss of volume in the circulating fluid, which must, within certain limits, be proportional to the capacity of the vascular system. These limits are practically defined by the action of the vaso-motor apparatus which, within them, automatically regulates the tension throughout the arterial system, but as soon as the limit is over-reached in the way of emptiness of the vascular system, the regulating power which adapts the tension of the vessels to their contents ceases, the toneless arteries then fail in their share in the propulsion of the blood and —the capillaries, the veins and the heart being doubtless affected, each in its own way—the circulation flags and ultimately ceases. Now this necessarily fatal condition is reached when the quantity of blood is suddenly reduced to between three-quarters and half the normal or actually present amount in the body, and therefore long before death would have resulted from the diminished proportion of blood corpuscles, and still longer before the tissues would have been starved for lack of nourishment.

It is then, I think we may conclude, a threatened failure of the *circulation* of the blood that calls for prompt action in cases of severe hæmorrhage, and it seems obvious that such an emergency, arising from insufficiency in the amount of fluid in the vessels, may be met by the intra-vascular injection, in sufficient amount, of any fluid which is not injurious to the blood or to any of the tissues of the body. For this purpose much larger quantities of saline fluid are necessary than of blood. The latter should never, it is said, exceed sixteen ounces, nor should the former ever be less, and probably eight ounces of blood, and three pints of saline fluid would be average quantities to use. This striking difference probably depends upon the greater stimulating power of blood on the vaso-motor centres, a little active response from them restoring the balance of blood pressure sufficiently for circulation to be carried on, whereas saline fluid, having a purely dynamic value, must be added to nearly the amount of the blood lost.

The history of transfusion of blood abundantly shows that it is beset with dangers and difficulties so great and varied that we ought gladly to welcome so much easier and safer a method as that of saline injection, when once its efficacy and practical applicability are established.

The comparatively simple arterio-venous direct transfusion from a lower animal to man, as originally performed (by Lower with quills, and by Denis with silver canulæ) involves the very great danger, as shown by Ponfick, of poisoning by free hæmoglobin derived from the foreign corpuscles, which are broken up by the action of the plasma of the recipient's blood.

Direct central arterial transfusion (or transplantation) of human blood is doubtless the most perfect method from the point of view of the recipient, but practically it is one which can be but rarely available, since neither the donor nor the operator can regard it as a trifling matter for them.

Direct venous transfusion, which, like arterial, may be readily performed by means of Galabin's simple tube, has disadvantages of the same character with a greater liability to clotting, though this latter difficulty may be overcome by Jennings' plan of infusing saline solution, by a side tube, together with the blood.

It can scarcely be said that any of the indirect methods of blood transfusion have proved generally satisfactory. Coagulation is so prone to occur when pure blood is used that some artificial method of preventing it has for the last sixty years been frequently attempted.

Defibrination, by whipping, is dangerously incomplete, with multiple capillary embolism as the frequent result.

The addition of phosphate of soda when in concentrated solution, as in Hicks' method, destroys the vitality of the corpuscles and even when used weaker, as it has been successfully by J. Duncan, J. M. Cotterill and others, it is probably not altogether free from the same deleterious influence.

The most recent suggestion for the treatment of blood with a view to retaining its fluidity is that of decalcification (see a paper by A. E. Wright, in the *British Medical Journal* for Dec. 5th, 1891). How far it may prove serviceable has yet to be proved.

In all cases of blood transfusion the possibility of the existence of syphilis or other communicable disease in the donor must be borne in mind.

The infusion of milk involves grave dangers from sepsis and from embolism, without any marked advantage from nutritive characters.

Pure boiled water with the addition of three quarters per cent. of common salt (ʒj ad Oj), and used at the temperature of the blood, seems to be as efficacious (provided it is injected in sufficient bulk) as blood itself in cases of hæmorrhage, of cholera, and of chloroform poisoning. And among the many other conditions in which one or other fluid has been tried, carbonic oxide poisoning is, perhaps, the only one in which the use of blood is exclusively indicated.

With regard to the apparatus to be employed with saline solution, there seems little to choose between a glass funnel and canula connected by a sufficiently long piece of caoutchouc tubing (5 or 6 feet) for infusion by hydrostatic pressure, and a glass syringe and canula connected by a short piece of such tubing, for injection. Lane's apparatus is very simple and cleanly, and would, I think, be rendered more convenient in use and less liable to air bubbles if the nozzle of the syringe were bifurcated (Y shaped), so that one end could be attached to a tube leading to the canula and the other to a tube dipping into the vessel of saline solution. Then, by compressing, by the fingers or by a clip, one tube or the other, the fluid could be alternately drawn into and expelled from the syringe without the latter being detached from the tube during the operation. The same result could be obtained with the ordinary syringe by attaching to its nozzle (by means of an inch or two of caoutchouc tubing) a T shaped piece of glass tubing, the other arms of which were respectively connected with the canula and the solution. Such an apparatus would, I think, be sufficiently perfect to meet all requirements, but something quite efficient may be readily improvised by means of a syphon (as used by Jennings), a Higginson's syringe or, indeed, a syringe of any kind, provided it is carefully cleansed.

APPOINTMENTS.

Harris, P. Traer, M.R.C.S., L.D.S., has been appointed Dental Surgeon to the Great Northern Central Hospital, *vice* Edward Keen, M.R.C.S., L.D.S.

Newington, R. S., M.R.C.S., L.S.A., has been reappointed Medical Officer of the Goudhurst Sanitary District of the Cranebrook Union.

Rygate, C. D. H., L.R.C.P. Lond., M.R.C.S., has been appointed a Government Medical Officer and Vaccinator for the District of Walgett, New South Wales.

Swayne, Walter, C., M.B., M.R.C.S., L.R.C.P., has been appointed Honorary Obstetric Physician to the Royal Infirmary, Bristol, *vice* Dr. Ernest Wedmore

WISHING YOU A MERRY CHRISTMAS
1891
MIST. ACIDI CO
BLACK DRAUGH
GUY'S PILL
G. Sichel

Passim.

We have much pleasure in congratulating those who have recently taken their M.B., B.S. at London University, and we note with pride that every man who went up for the latter degree was successful. This is only what can be expected where Guy's men are concerned!

We shall publish in the next issue the case for commentary, set at the examination for the Doctorate of Medicine at London University. We hear that general opinion was in favour of the case being one of hydatid of the liver, but we hope to publish a full criticism on it early next year.

We would remind our readers that if they have any friends who are thinking of soon joining the medical profession, they should suggest to them that if they wish to qualify in a minimum time of four years, they must register as medical students before the 31st instant. The five years curriculum will after that be compulsory.

It is high time that the standard in classics at the Preliminary Examinations in Arts is raised. At the last meeting of the Physical Society, a speaker mentioned the curative powers of the "vis medicatrix naturæ." "Vis, how much?" One member was heard to whisper, "What's the dose?"

We heartily congratulate Dr. E. W. Goodall, our Medical Registrar, on his appointment as Resident Medical Superintendent of the Eastern Fever Hospital at Homerton, in succession to Dr. Collie, who recently resigned. The appointment is a valuable one, and one which, in view of the recent dissensions there, will require a large amount of sound judgment, and we feel sure that the Asylums Board could not have chosen anyone more capable of filling the post.

The picture which everyone will receive with this number of the Gazette has been specially designed by G. S. Sichel. It depicts the Englishman, Scotchman, and Irishman all receiving treatment at our good old Hospital.

We would call attention to the list of men who have been suspended from their membership of the Students' Club, and we strongly recommend them to join the Union before the end of the year.

We are glad to be able to state that the following firms have each promised to lend us a piano for use in the wards during the Christmas festivities:—

Messrs. Blüthner & Co., 7, Wigmore Street.
,, Brinsmead & Sons, 20, Wigmore Street.
,, Broadwood & Sons, 33, Gt. Pulteney Street.
,, Erard, 18, Great Marlborough Street.
,, Kirkman & Sons, 3, Soho Square.
,, Metzler & Co., 42, Great Marlborough Street.
,, Rogers & Co., 60, Berners Street.

We must especially thank Messrs. Rogers & Co., for we omitted to do so last year when they also sent us a piano, and we also owe a deep debt of gratitude to Messrs. Steinway & Sons, who have promised two pianos this year.

It is indeed a happy thing to feel that great firms like these are willing to help us in providing amusement for the patients at Christmas time; and if by chance any member of them could look in on us, he would see how greatly such kindness was appreciated.

We regret to announce the death of Mr. Bettany, who was for some time Lecturer on Botany at this Hospital.

There can be no greater proof of the success of the Amalgamation Scheme than the way in which old Guy's men are supporting it. Nearly every letter which comes from them in answer

to Dr. Shaw's invitation to become members of the Union, contains a cheque and an affirmative.

"What is the main difference," asked one of the brown-holland-frocked ones, as he returned from the scene of his labours, "between small-pox and measles?" "Why, don't you see," he said, "small-pox may be discrete, but measles is always rash!"

We are glad to hear that the Committee of the Students' Club have agreed to establish an electric communication between the Smoking Room and the Colonnade. It is certainly a move in the right direction, and will, as we stated in our last issue, be a great boon to those who are holding the minor ward appointments.

The next Smoking Concert will take place on Saturday, January 16th.

A theatrical performance has been arranged by Mr. Williams, in aid of the Samaritan Fund, and will take place on Thursday, January 7th. Tickets 2/- each, may be obtained at the counting house.

Those who wish this year's copies of the Gazette bound in the usual blue cloth and stamped with the Hospital crest, should communicate at once with the Librarian.

As this is the last issue of the present year, the Editor wishes to publicly thank Messrs. Ash & Co., and especially their energetic and ever-willing manager, for the way in which they have conducted its publication. He has found them equal to any emergency, and the neat and accurate manner in which the Gazette has been set up is mainly owing to their care.

The Editor and the Publication Committee wish their readers A Merry Christmas.

THE PHARMACOPŒIA OF GUY'S HOSPITAL.

This long-expected publication is now ready, and may be obtained at the Medical Office, and at Crattan's.

It is the eighth Pharmacopœia which has been compiled by the Guy's staff. The first one was issued in 1791, exactly a hundred years ago, and we are glad that so fitting a celebration of its centenary has been prepared.

This edition when interleaved is almost as large as the extra Pharmacopœia, and in addition to the many formulæ now in vogue in the wards and out-patient practice in the Hospital, it contains many prescriptions of special use in the treatment of diseases of children, a careful account of the clinical testing of urine, a dietary, and directions for preparing such things as beef-tea, nutrient enemata and peptonised meat and milk. The chapter on poisons and their treatment is admirably arranged in such a way that all the directions for neutralising the effects of any particular poison are confined to one page, so as to be read in as short a time as possible. It will form an invaluable book for nurses, students and practitioners.

Interleaved copies bound in leather are 2s. 6d., uninterleaved 2s., and those bound in cloth 2s. and 1s. 6d. respectively.

PASS LIST.

UNIVERSITY OF LONDON.—HONOURS EXAMINATION.

Medicine.

Second Class.

A. T. Rake. T. B. P. Davies.

Third Class.

B. W. Hogarth.

Obstetric Medicine.

Second Class.

A. T. Rake. B. W. Hogarth.

Third Class.

A. Thomas.

Forensic Medicine.

Second Class.

B. W. Hogarth. A. T. Rake.

Third Class.

T. B. P. Davies.

CHRISTMAS CARDS.

Although, according to the returns of the Postmaster-General, the sending of cards at Christmas and Easter is falling off, there must still be a large number of people, both old and young, who retain this good old-fashioned custom—a custom which can never fall into disuse as long as the cards themselves are so beautiful and so cheap. Christmas card making is a speciality in itself, and a visit to the premises of such a firm as Messrs. Raphael Tuck and Sons would make one almost believe that the statistics of the Post Office are for once at fault. Their collection of cards issued this year numbers almost a thousand varieties, and every style is to be found. Gravity, gaiety, wit and severity are all depicted, and there is a good sprinkling of humorous designs for children. Among the most noticeable may be mentioned the Panel Series, a collection of copies of such pictures as "The Cherub Choir" by Sir Joshua Reynolds, the "Virgin and Child" by Gambier Parry, and "The Nativity" by Corregio. Another beautiful and useful novelty is the Illustrated Calendar, each of which is composed of twelve leaflets, one for each month, printed in colours, and supplied with a tasteful silver chain for hanging. "The Little Choristers" is another pretty and novel design, and can be opened to form a screen. The private autograph cards which became so popular last year have been greatly added to. The Japanese cards will be much appreciated by children, especially those with nodding heads.

The designs in the booklets are most artistic, and are charmingly suited to the poems they illustrate.

We can but endorse the opinion of our contemporaries, that Messrs. Raphael Tuck and Sons retain their premier position amongst the firms who supply us with Christmas and New Year Cards.

SMOKING CONCERT.

Our second "Smoker" came off last Saturday with even greater success than the last. Mr. Bryant (with the beer key) was again in the chair, supported by many of the staff and not a few celebrities from other hospitals. Space will not allow us to give anything like a detailed account of the entertainment. After Messrs. Dixon and Lidderdale had opened with a charming duet, Mr. Pendred warbled about the Gallants of England, for whom he sounded an occasional intense note of admiration; Mr. Alexander then gave the Sailor's Dance in his well-known style. The glees were a great success, and nothing could have been more appreciated than the sportsmanlike conduct of Mr. Cotteril in coming all the way from Weybridge to take the part of his son, who is unfortunately ill. Mr. Handson, whom we heard for the first time, took the tenor parts with great success, and moreover delighted the audience with two charming solos in the course of the evening. Mr. Coulson, who is always in great demand, sang four songs in his best voice, though he was heard to greatest advantage in the "Evening Song." Where should we be without Mr. Coulson?

Messrs. Scott-Turner and Gibson were understood to have lost their music, and we were more than afraid that Mr. Lulham had lost his way, but he turned up to our great relief, irregular again, later on, and gave us one of his delightful sketches. Mr. Frank Morton, whose expression and bye-play are better than ever and whose singing has much improved, brought down the house with his coster and "rather suggestive" ditties.

Mr. Charles Spurrell, we cannot help thinking, was unfortunate in his choice of songs—we have heard him to better advantage elsewhere—he has too good a voice to waste on catch-penny nautical airs; we used too to like "Tobogganing" in the rooms.

Mr. Roper, another new comer, was a great success, his tricks being very clever; but are those micro-organisms really too much for Dr. Washbourn.

In the absence of Mr. Layman—who was "wired" as being "unfit," whatever that may mean—Mr. Laney obliged with an extra turn beside the two he was down for, and was in great form, especially in his first song, but we fancy he had a bit up his sleeve in that last effort of his.

Altogether it was a very enjoyable evening—perhaps not quite so crowded as the last "smoker," and perhaps a shade less warm. We notice, however, that whiskey is still very dear. Whether it was the whiskey, the weeds, or the warbling that affected our Bart.'s friend, as we said good-bye to him at the gate, we know not, but let it be placed on record that his farewell words were, "Almost it persuadeth me to be a Guyite."

Physical Society.

At the meeting of this Society, held in the Smoking Room of the Students' Club, on Saturday, December 12, a paper was read by Mr. E. T. E. Hamilton on Lardaceous Disease, of which the following is an abstract:—

ABSTRACT OF PAPER ON LARDACEOUS DISEASE

History.—Hodgkin first recognised the condition in 1832, and Bright, Wilks and Pavy added further facts. The latter shewed that the change was an albuminous one, as opposed to Virchow's "Amyloid" theory. Meckel attributed the reaction with Iodine to Cholesterin, which was increased in lardaceous organs.

Chemistry.—The nature of the lardaceous material, as seen in the tissues, was described, two forms being recognised, the local and the general. Its reactions to stains were enumerated. Fredreich and Kekulé, Schmidt, Kühne and Rudneff contributed to the chemistry of the subject, their researches all tending to disprove the amyloid nature of the disease. The last-named observer shewed conclusively that the substance was allied to albumen, though more complex.

The local change.—The nature of the local deposits of lardacein, *e.g.*, the well-known corpora amylacea and "artificial amyloid" was discussed.

The general deposit.—The occurrence of the general deposition in nearly all organs having been noticed, the changes found in these organs were described somewhat in detail. It was pointed out that organs like the thyroid and pancreas were more frequently affected than is commonly supposed, and that a very constant result of lardaceous disease is a subsequent fibroid induration of the organ affected, not due to any direct conversion of the lardaceous material into fibrous tissue as Dickenson assented.

Sites of the morbid product.—The occurrence of the disease shewed no tendency to conservative effects—function being always impaired. Epithelial cells become lardaceous to any extent only in the liver. The granular contracted kidney secondary to lardaceous change is almost always syphilitic in origin.

Nature of the change.—The view put forward was that the change involves: first, a partial necrosis in the tissues, due to toxines circulating with the blood in addition to general mal-nutrition; secondly, a subsequent combination between the necrosed parts and some unknown, probably nitrogenous, constituent of the blood. The relationship between hyaline changes and lardaceous disease was mentioned.

Ætiology.—Statistics were quoted of Dr. Fagge's cases, and from 280 later ones, collected from the post mortem records of Guy's Hospital between 1877 and 1890. Local suppuration in an organ, although causing lardaceous disease, seem to render that particular organ exempt from the deposit. Dickenson's view, as well as that proposed by Budd, could not be accepted. The bearing of the ætiology on surgery and medicine was briefly alluded to.

The discussion was opened by Mr. Bligh, who complimented Mr. Hamilton on a learned paper. He thought there were two ways in which the disease might be explained, besides the one towards which the reader showed a leaning. The first was that the lardacein might be found at the seat of suppuration and carried away in the blood stream to be deposited by the arterioles. The principal objection to which—namely, the insolubility of lardacein—being in that case met by the fact, that lardacein is soluble in ammonia, and therefore possibly in the alkaline blood. The other was that at the seat of suppuration a poison was found which induced the lardaceous degeneration when it reached the tissues. But against this was the fact that in syphilis the lardaceous deposit took place in the tertiary stage and not the secondary, when the poison would be most virulent.

Mr. Hopkins thought the Society had heard a paper worthy of being read before any of the learned societies of England. Regarding the process as a degeneration, it was interesting to compare it with the formation of adipocere. The analysis of a mummy, and of a lump of cheese found by the side of the mummy, in which he assisted, had yielded a substance in both cases which had several points in common with lardacein.

Mr. Daldy was of opinion that the process was neither an infiltration nor a degeneration, but rather a kind of chronic inflammation. If inflammatory exudation organised into anything higher than fibrous tissues it would probably be the next most highly organised tissue, cartilage; and Mr. Hamilton had pointed out how nearly allied lardaceous material was to chondrin, mucin, colloid, etc. An analogy with granular kidney and its associations might be drawn. The high blood pressure in chronic Bright, an effort of the vis medicatrix naturæ caused chronic inflammatory changes in the sub-endothelial tissues of the vessels. In cachectic conditions by the vis medicatrix naturæ there was a hyperæmia of the spleen and liver for hæmopœtic purposes of the kidneys, and lymphatic glands for excretory purposes of the intestinal wall that nutriment might be rapidly injected. The hyperæmia was associated with mixed blood pressure and the slight long-continued strain on the vessels of these venous organs, caused a chronic inflammatory change, the so-called lardaceous degeneration.

Mr. W. K. Steele wished for an explanation of the exemption of the lungs from lardaceous degeneration, and would like to see comparative statistics of treatment by amputation, excision and erasion, and mere rest and antiseptics; the disease was now a rarity, at Guy's at any rate.

Mr. A. J. Sharp did not see that the disease could be called a degenerative disease, when the product was a substance more complicated than albumen in its composition.

Mr. Targett wished the analogy with mucoid and colloid degenerations to be remembered, and quoted a case in which with general lardaceous degeneration, an enlarged thyroid was found which did not give the lardaceous secretions. He thought the comparison with calcareous degeneration was a very appropriate one; in both these was deposition in parts previously healthy. In answer to Mr. Daldy, he said that the process was unlike an inflammation, in that there was no new formation of tissue, and the change was not one that consisted in a vital process, but was rather chemical. In respect to treatment, he pointed out the benefit that had followed the removal of a limb when the seat of the suppuration was in it.

Mr. Hamilton, in reply, dwelt on the absence of lardaceous disease in cases of simple mal-nutrition. He pointed out the analogy between lardaceous disease and the changes occurring in fibroid syphilis, the seat of the change in both cases being the sub-endothelial coat of the arteries. But he was opposed to a view which regarded lardaceous disease as of an inflammatory nature. The vis medicatrix naturæ would probably act consistently if it produced such a change, but in this disease the function of the intestine is seriously impaired, its absorption and secretive powers diminished, and diarrhœa set up. The albuminuria was similar evidence of the impairment of the excreting glands. He thought the disease partook of the nature of both infiltration and degeneration, the lardacein being formed

not by the connective tissue cells alone, as these probably necrosed through the action of a toxin, and subsequently united with some constituent of the blood to form lardaceous material.

Sport.

ASSOCIATION FOOTBALL.

GUY'S HOSPITAL v. OLD WESTMINSTERS.

This fixture was decided in favour of the Hospital by four goals to nil, at Vincent Square, on December 5th. The Hospital team was not as it might have been, but nevertheless they played about as good a game as they have played this season; if, in the second half, a little close play, which led to slight scrimmages, be excepted. The Hospital having won the toss, the Old Boys started the ball and rushed it down to our end, but without any result. When after a little play, our team got together better, Fisher taking the ball down the wing and centering; when after a little play in front of their goal, Picriot scored the first point for the Hospital. On the Old Boys re-starting, Ingram (their centre forward) when near our goal was pulled up, and the ball returned to our forwards, Fitz-Hugh taking it down the ground and passing to Pendred, who shot, but it was stopped and thrown out, but Fitz-Hugh getting possession, added another point for the Hospital, which before half time was followed by another from the same player, and obtained after some "give and take" play in front of our opponents' goal. The chief feature in the Old Boys' play being several determined rushes by Ingram, but as he was little supported they all ended without result, and at half time the score was three goals to nil in favour of the Hospital. During the second half the game was not nearly so scientific, our team sometimes getting in each others way; also the light got very bad before the game ended. However, Fitz-Hugh scored once more for the Hospital, after some exchange in front of their goal, by one of his hard low ground shots. The Old Westminsters played a more determined game in the second half, their forwards doing more work and several corners were conceded to them, but they all fell fruitless. The game ending, as stated above, in a victory for the Hospital by four goals to none.

TEAM.—W. E. Sturges-Jones (goal), W. S. Frith and H. D. Packer (backs), V. Pendred, H. Hewetson and R. Hayes (halves), W. H. Fisher, R. L. Fitz-Hugh, B. Pendred, E. Picriot and R. C. Kirkley (forwards).

GUY'S HOSPITAL v. BECKENHAM.

Played at Beckenham on Saturday, December 12th, and ended in a victory for the Hospital by four goals to nil. The game was greatly spoilt by a high wind and also rain, which interfered with good kicking and passing, nevertheless, the Hospital showed very good form at times, and thoroughly deserved the goals they got, and with a fine day and a dry ball would probably have obtained several more. The Hospital scored twice during each half time, during the first portion by Kirkley and Pendred and in the second by Pendred and Fitz-Hugh. The Beckenham forwards had no combination, and at no time were they dangerous; in fact, most of the play took place in their half of the ground.

TEAM.—C. R. Colley (goal), H. D. Packer and W. Smith (backs), V. Pendred, H. Hewetson and R. Hayes (halves), W. G. Mumford, R. T. Fitz-Hugh, B. Pendred, R. B. Kirkley (forwards).

GUY'S (2ND XV.) v. CRUSADERS.

Played at Rayne's Park on December 5th, and won by Guy's by one goal, five tries (15 points) to one try (two points). Tries were obtained by Hicks (2), Spon (2), Lichtenberg and Peake.

GUY'S (2ND XV.) v. BROCKLEY.

Played at Brockley and won by Guy's by two tries to a try. Tries obtained by Spon and Hicks.

RUGBY FOOTBALL.

GUY'S (1ST XV.) v. NORTHANTS.

Guy's, on December 5th, added another win to its already goodly list of victories, by beating South Northants at Northampton, by five goals and three tries, or, 30 points to nil. Before a fairly large crowd the Northants kicked off well up to time. Guy's at once began to assert themselves, and Bettington, after some good passing, scored between the posts. Shorland placed the ball nicely over the bar. Within five minutes Bell, taking a good pass from Hancock, made rings round his opponents, placing the ball right behind the posts. Shorland repeated his former feat. Hancock then thought it was his turn, and scored a try, which Shorland failed to convert. The centre followed up his last performance by dropping a very fine goal, but to the astonishment and chagrin of all, and of old "Bandages" in particular, the referee ruled it no goal, not clearly defining in his own mind the difference between a "punt" and a "drop kick." It may as well be mentioned here, that at half-time he apologised for his mistake and reversed his decision. No more points were scored before crossing over, though Guy's had greatly the best of the game. Once only did Northampton flatter their backers' hopes, by forcing their opponents back on to their line, but the oval was quickly removed to the other end.

The second half was a repetition of the first, that is, Guy's had all the best of it, for which they have mainly to thank the consistent heeling out of their forwards, and the brilliant passing of their backs. Tries were scored by Cleveland, Biggs, Bell and Bettington. Shorland converted the first try into a goal, but missed the second, while Hancock, by a really grand kick, put Bell's try over the bar, but missed the following attempt. In this half the Northants captain, Orton, showed some fine running, but he was never backed up, so these isolated attempts resulted in nothing.

Guy's halves and three-quarters, who were occasionally reinforced by J. J. E. Biggs, showed splendid form both in running and passing, and did what tackling they had to do very effectively. Too much praise cannot be given to the halves, who showed a wonderful efficiency in passing, which used to be their weak point.

Ensor at back, except for one mistake in tackling, was decidedly good, picking up and kicking very well. He wants to show more determination when going for his man.

The forwards leave much to be desired as regards combination, though individually they are decidedly good. One thing they did really well, that was heeling out. Wheeling was conspicuous by its absence, and their ideas of packing seemed rather crude. The tackling, on the whole, was good, though it is quite unnecessary to take impressions of an opponent's physiognomy in the mud, as seemed to be the object of one or two Below are the names of Guy's fifteen.

Back, H. J. Ensor; three-quarters, J. H. Bettington, H. J. Hancock and H. T. Bell; halves, H. Cooper (Capt.) and M. P. Jones; forwards, E. T. Shorland, J. J. E. Biggs, F. H. L. Cloud, W. H. Jewell, W. E. Robinson, C. E. Covernton, S. G. Layman, V. E. Collins and A. J. Cleveland.

GUY'S (1st XV.) v. OLD MERCHANT TAYLORS.

Blackheath and Guy's are the only two teams that have beaten Old Merchant Taylors this year.

Up till last Saturday Blackheath were the only team who had been found good enough to beat the Old Merchant Taylors; now we can bracket ourselves with Blackheath, and claim with them the distinction of being so far unbeaten by any London Club. Our record up to date stands at 6 wins, 1 defeat and 2 draws.

Returning to Saturday's match—I should think that few of the spectators thought before the match began that we were going to win. It was only a few weeks ago that the Old Merchant Taylors went down to Oxford and beat the full strength of the 'Varsity, therefore they would not find much difficulty in beating Guy's.

However, we started with a strong wind at our backs, and before the game was five minutes' old we had scored a try from a fine pass from Hancock to Bell. The try was a very near thing as Bell only just managed to get over the line and escape touch by a few inches, but there was no doubt about the score, and Rowland Hill, who was acting as referee, gave us the try at once. The kick at goal from an almost impossible angle was unsuccessful. From now till the end of the first half and from then to the finish there was no addition to the score, but the game was intensely exciting, and so stubbornly contested that it hardly admits of any accurate description being given. The superior weight and tactics of our opponents in the tight scrums left the ball in our territory for quite three-quarters of the game, and if it had not been for the thoroughness of our defence whenever the ball got loose we should have been in a very bad way. The brunt of the work fell on the forwards, as is usual in a closely-fought game where each side is doing its very utmost to win, and they did their work magnificently, their tacking and play in the loose was very fine. All the backs too had plenty of work to do, and they tackled with a will, they only had two really good chances to get away, and then, just as a try seemed certain, that beastly whistle went as the ball was said to have gone a few inches forward. Within a few minutes' to time the Old Boys were awarded a free kick for offside play in a very good position not far from our posts, however, the ball went just a little wide, a great relief after a very anxious moment or two for our fellows. So the game ended in a win for us by one try to nil.

Births.

CAMPBELL.—On Dec. 1st, at St. Thomas's Street, S.E., the wife of H. J. Campbell, M.D., of a daughter.

WALPOLE-SIMMONS.—On Nov. 24th, at Worcester, the wife of E. Walpole-Simmons, M.D., of a daughter.

Advertisements.

Old Guy's men who are desirous of transferring their Practices privately, or who wish to meet with a suitable Partner, Locum Tenens, or Assistant should address as under:

Gentlemen willing to act as Locum Tenens, Assistants, &c., are invited to send in particulars of their requirements.

A List is also kept of Dental Surgeons who are willing to receive pupils desirous of fulfilling the necessary three years' course of Dental Mechanics, the whole of which course may now be done before registration. Several of the teachers in the Dental School have vacancies for pupils.

Communications with reference to the above should be addressed to Mr. C. H. Wells, Medical Office, Guy's Hospital, S.E.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital grounds, with tennis court and billiard room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

FOR DISPOSAL, in the S.E. District of London, a genuine Practice, receipts amounting to £400 per annum. Established 5 years. Premium 1½ year's purchase on average of past two years.—Apply to H., c/o Mr. Wells, Guy's.

FOR DISPOSAL, in S.E. District of London, a well-established General Practice, receipts average £1,200 per annum, could be largely increased. No Midwifery under one guinea. Appointments about £160. Premium required £2,000. Usual suburban opposition. Good introduction given and every investigation solicited. —Apply A., c/o Mr. Wells, Guy's Hospital, S.E.

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